



Dear Doctor:

We appreciate your interest in Robert Wood Johnson University Hospital at Rahway and our community.

The hospital has a pre-application process to ensure that applicants to our Medical Staff meet minimum requirements for appointment. This permits a more efficient processing of applications and ultimately, maintenance of an appropriately high level of patient care.

These requirements are:

1. A current unrestricted license to practice Medicine, Dentistry, Podiatry or Psychiatry in the State of New Jersey.
2. Current, unrestricted N.J.C.D.S. (Controlled Dangerous Substance) certificate and current Federal N.J.D.E.A. (Drug Enforcement Agency) certificate.
3. Professional liability insurance coverage in at least the minimum amount set by the hospital for your specialty, issued by a carrier acceptable to the hospital. RWJUH Rahway requires coverage in the amount of \$1,000,000 and \$3,000,000, general dentists \$300,000/\$600,000.
4. Successful completion of a residency training program approved by the appropriate American specialty board.
5. Physicians who are not ABMS (American Board of Medical Specialties) certified or are certified in their specialty and who have completed approved training in a subspecialty, but have not received ABMS board certification in that subspecialty, should become board certified in their respective specialty or subspecialty within five years of first being qualified.
6. Residence or office location within thirty minutes travel time to the hospital, as determined by the hospital. This is necessary to ensure continuous patient care.

In addition to meeting the above mentioned requirements, there are also other requirements for appointment in the application materials which include abiding by the Medical Staff Bylaws, Rules and Regulations, and policies of the hospital and Medical Staff.

Attending the semi annual medical staff meetings, serving on committees, performing rotations on the Emergency Center Call List and Clinic as required for your specialty, and participating in departmental activities are required of all medical staff members.

If you do not meet the above requirements, you will not qualify for appointment and your submission of an application will not serve our interests or yours.

Enclosed is our pre-application form which we ask you to complete in its entirety and return to us within ten days after receipt, if further consideration is desired **THERE IS NO FEE FOR SUBMITTING THIS FORM.** Upon receipt of the completed Pre-Application Form, you may anticipate a response in approximately three weeks.

If you have any further questions, please do not hesitate to call the Medical Staff Office at **(732) 499-6094.**

Sincerely,
Felicia Williamson
Medical Staff Coordinator

MEDICAL/DENTAL STAFF PRE-APPLICATION FORM

SECTION I: PERSONAL DATA

DATE SENT:

Last Name First Name Middle Male/Female

Primary
Office
Address: _____

Telephone # Fax #

Secondary
Office
Address: _____

Telephone # Fax #

Home
Address: _____

Telephone # Fax #

State your reasons for applying to RWJUH Rahway _____

SECTION II: PROFESSIONAL INFORMATION

PLEASE COMPLETE THIS FORM AND RETURN WITH A COPY OF YOUR CURRICULUM VITAE.

Professional Degree: MD _____ DO _____ DDS _____ DPM _____ Other _____

Please specify completion dates:

Internship _____ Residency _____ Residency _____ Fellowship _____

Please list your specialty _____

Are you Board Certified by the ABMS (American Board of Medical Specialties) ? YES _____ NO _____

If yes, please indicate name of Board _____

Date Certified _____ Valid Through _____

Are you Board Certified in a Subspecialty of ABMS? YES _____ NO _____

If yes, please indicate name if Subspecialty Board _____

Date Certified _____ Valid Through _____

If not, what is your first year of Board Qualification? _____

Explain your status in the certification process:

	<u>YES</u>	<u>NO</u>
Do you currently hold an unrestricted license to practice in the State of NJ?	___	___
If not, is your application in process?	___	___
Do you currently hold an unrestricted registration for controlled substance in the State of N. J	___	___
Are you registered with the Federal Drug Enforcement Agency?	___	___
Do you currently have professional liability insurance at no less than \$1,000,000 per occurrence and \$3,000,000 in aggregate per year?	___	___
Did you have any judgements, settlements or cases pending within the last five years? If yes, please attach a list on a separate sheet of paper.	___	___

SECTION III:

	<u>YES</u>	<u>NO</u>
Are you a member of a group?	___	___

If yes, complete the following:

A. Group Name : _____

B. Members Names: _____

	<u>YES</u>	<u>NO</u>
Is your home located within thirty minutes of RWJUH Rahway?	___	___
Are your medical offices located within thirty minutes of RWJUH Rahway?	___	___