

The University of Toledo Medical Center

CONDITIONS OF APPOINTMENT

By applying for appointment to the Medical Staff or Clinical Associate Staff of The University of Toledo Medical Center, I hereby:

- ❖ fully understand that any significant mis-statement in or omissions from this application constitute cause for denial of appointment or cause for dismissal from the medical staff or clinical associate staff;
- ❖ pledge that all information submitted by me in this application is true to my best knowledge and belief;
- ❖ acknowledge that I have received, read, and agree to abide by the Bylaws, Rules and Regulations of the Medical Staff of The University of Toledo Medical Center as they may be amended from time to time;
- ❖ affirm that I am aware of the principles and standards of The Joint Commission, the principles of medical ethics of the American Medical Association, the American Osteopathic Association, the American Dental Association and/or codes of ethics for other health professions which may be applicable, and I agree to be bound by the terms thereof if I am granted membership or clinical privileges/services;
- ❖ agree to be bound by the terms thereof without regard to whether or not I am granted membership or clinical privileges/services in all matters relating to the consideration of my application for appointment to the Medical Staff or Clinical Associate Staff;
- ❖ agree to abide by the current The University of Toledo Medical Center policies and procedures that apply to my activities as a medical staff or clinical associate staff member;
- ❖ specifically pledge that I will conduct my practice in accordance with the highest ethical traditions and that I will not receive from or pay another practitioner either directly or indirectly any part of a fee received for professional service;
- ❖ pledge to make every effort to provide for continuity of patient care regardless of payment source or until care can be transferred safely to another practitioner who has agreed to accept the patient;
- ❖ authorize The University of Toledo Medical Center, its Medical Staff and their representatives to consult with Administrators and members of Medical Staffs of other hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on my professional competence, capabilities, character and ethical qualifications;
- ❖ consent to the inspection by The University of Toledo Medical Center and its Medical Staff and its representatives of all records, documents, including professional competence to carry out the clinical privileges/services requested as well as my moral and ethical qualifications for staff membership;
- ❖ release from liability The University of Toledo Medical Center and all representatives of The University of Toledo Medical Center and its Medical Staff for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications;
- ❖ release from any liability all individuals and organizations who provide information to The University of Toledo Medical Center or its Medical Staff, in good faith and character and other qualifications for staff appointment, such individuals and organizations being intended third party beneficiaries hereof;
- ❖ consent to the release of such information;
- ❖ release from liability all representatives of The University of Toledo Medical Center and its Medical Staff for any acts performed in good faith and without malice in subsequently evaluating my professional competence should I be granted membership or clinical privileges/services;
- ❖ authorize and consent to the release of information by this The University of Toledo Medical Center or its Medical Staff to other hospitals, medical associations, professional associations, and other medically-related persons on request regarding any information The University of Toledo Medical Center and the Medical Staff may have concerning me as long as such release of information is done in good faith and without malice;
- ❖ release from liability this The University of Toledo Medical Center and its Medical Staff for doing so;
- ❖ understand and agree that, in the event I cease to be a member of the Faculty of the University of Toledo, College of Medicine, for whatever reason, my membership in the Medical Staff shall terminate automatically and I shall not have the right to any hearing or other process if this is the basis for termination; as appropriate;
- ❖ understand and agree that I, as an applicant for Medical Staff or Clinical Associate Staff membership, have the burden of producing adequate information for proper evaluation of my professional competence, mental and physical capabilities, character, ethics and other qualifications and for resolving any doubts about such qualifications;
- ❖ acknowledge that I do not currently have any health problems which will affect my professional performance;
- ❖ agree to inform Medical Staff Services of any change made or any formal action initiated that may result in a change in the status of my professional license or permit to practice, DEA registration, professional liability insurance coverage, and membership/employment/faculty status or clinical privileges/services in other institutions/facilities/organizations, and on the status of current or initiation of new malpractice claims;
- ❖ a photostatic copy of this original statement constitutes my written authorization and request to release any and all documentation regarding this application; said photostatic copy shall have the same force and effect as the signed original.

Signature: _____

Date: _____

Printed or Typed Name: _____