

Specific Consent to Conditions of Consideration for Permission to Practice

I, the undersigned physician, hereby apply for permission for the undersigned health professional to practice as requested above; and I, the undersigned health professional, hereby apply to engage in said scope of practice at Children's Hospital.

By submitting this application, we hereby: signify our willingness to appear for interviews in regard to this application authorize the Hospital, the Medical Staff, the Board of Trustees, and their representatives to consult with prior and current associates and others who may have information bearing on professional competence, character, health status, ethical qualifications and ability to work cooperatively with others; consent to the release of such information; release from liability all representatives of the Hospital, the Medical Staff, the Board of Trustees, and their representatives for their acts performed and statements made in good faith and without malice in connection with the evaluation of this application, credentials, and qualifications; release from liability any and all individuals and organizations who provide information to the Hospital or Medical Staff, in good faith and without malice concerning professional competence, ethics, character, and other qualifications; acknowledge that we have received, or been given access to and have read, the Bylaws of the Medical Staff and any other policies as applicable and agree to abide by the terms thereof; acknowledge that we have the burden of producing adequate information for a proper evaluation of this application and the failure to produce this information will prevent the application from being evaluated and acted upon.

Information given in or attached to this application is accurate and fairly represents the current level of the health professional's training, experience, capability and competence to practice within the scope requested. We fully understand and agree as a condition to making this application that any significant misstatement in, or omission from this application whether intentional or not, shall of itself alone constitute cause for automatic and immediate rejection of this application. In the event that privileges have been granted prior to the discovery of such misrepresentation, misstatement, or omission, such discovery may result in summary revocation of those privileges.

Date: _____

Signature of Applicant _____

Date: _____

Signature of Employing Physician _____