

Initially requesting an application:

- Contact Medical Staff Office via phone at 910-667-7289 to request an application. You will be given an email address where you will submit your request.
- Provide the following via the email provided
 - Complete Name of the provider
 - Practice joining or name of new practice
 - Provider’s direct contact email address
 - Name of department/specialty for requested privileges
 - Anticipated start date for hospital privileges/membership

Setting up an account for the online application

- You will receive an email from service@mdapp.com with a link to begin the application process
- Click the link within the email message
- To begin the application <https://www.mdapp.com/newhanoverregionalmedicalcenter>
- For first time users who need to create a password: Follow the link provided. You have 48 hours to establish a password before link expires
- Expired links: <https://www.mdapp.com/newhanoverregionalmedicalcenter>. Click on “Forgot Password,” and follow directions
- Go back to application website and login using your email address and established password
- If you do not receive the link check in your junk/spam folder. Contact the Medical Staff Office at 910-667-7289 with any questions.


Working within the online Application

- At any point you may click SAVE and return to the application at a later time.
- The blue toolbar at the top of the page includes a Help Icon
- The head icon at the top right of the page allows you to change/reset your password.
- You may also use the head icon to authorize another person (i.e practice manager, assistant) to access your application to assist in its' completion. To do this, select the" head" icon on the upper right corner of the screen. Select Authorized Users and provide their email address. They will receive an email notification with further instructions. (Note: They may need to check SPAM.)
- Use the navigational checklist on left side of page to maneuver through the application
- To input information, hover over area to be completed until the edit button is visible. Click on “Edit”.
- After completion, you will have the opportunity to download, view and print your completed application and supporting documents (at the main page after logging in.)
- If you encounter issues with the application contact the Medical Staff Office @ 910-667-7289.

Complete Application Required

- Per CMS guidelines and NHRMC and PMH Bylaws, only complete applications will move forward in the Credentialing process. That includes submission of correct and direct phone #s, faxes, all information on forms, all questions answered, forms named appropriately, etc. We highly recommend you utilize the checklists below to ensure timely completion of your application.
- **Incomplete applications** will be returned, and may cause a processing delay. **Note: This could cause delays with your anticipated start date for hospital privileges, appointment and/or membership.**
- **Note: Submission of a complete and accurate application is the sole responsibility of the provider.**

Provider Checklist for Physician Initial Appointment Online Application:

- At the initial login page (which should be your  home page) there are three areas that will need to be completed: 1) Application 2) Documents to Sign and 3) Documents to Download. We recommend you complete the sections in the order as outlined in this checklist starting with Documents to Sign (instructions below.)


- **DOCUMENTS TO SIGN**

- Scroll down to “Documents to Sign” section, and click on “Sign xx Documents”
 - Type your full name in the “Signature Disclosure” box, check your acknowledgement, and click “Continue”
 - Click on “Click here to sign the document,” which will take you to DocuSign
 - Check the box “I agree to use electronic records and signatures” and “Continue” (Make sure to turn off your pop-up blocker if it does not allow you to move forward with DocuSign)
- Click on yellow box “Sign” to select the signature you would like to use (**Change Style**).
- Click on “Adopt and Sign” – Selected signature will appear on signature line, then input date
- Click on Continue to begin
 - Select “Sign” (left of form) on each page, complete “red” boxed areas on all forms, then select “Next”
 - Review each document to ensure all required fields have been appropriately completed
 - When you have completed all of the forms – select Finish button at the top of the screen
 - Note: If you close this webpage it will save previous work.
- The screen will say Welcome back: Click on Return to Application
- Click on Finish Signing to finalize documents.

- **DOCUMENTS TO DOWNLOAD**

1. The documents are for your files and should be downloaded and stored for future reference.

- **APPLICATION**

1. [Follow this check list to ensure the application is correctly completed in its entirety before submitting.](#)
2. On the home page  scroll to applications and click on the “Edit Application” box
3. **READ** instructions provided under the “Introduction Section” prior to completing the application. Most of your questions can be answered there.

Click on each section on left side of screen to go through and ensure all information is included. All information below is required.

- **Personal Information** – Last name, first name, middle name (if none: enter N/A), degree, DOB, SSN, gender, specialty 1, citizenship, ethnicity, cell, primary email address (the Med Staff Office will use this going forward in all communications with the provider), NPI (National Provider Identifier), salutation, Accepts Medicare and Accepts Medicaid (choose Yes or No) – “Save”
- **Alias** – (Required only if applicable), Indicate Alias Type: Maiden name, Nickname or Other and type in last name, first name or middle name as appropriate – “Save”
- **Office Addresses** – (You must list at least one office and provide the required information.) Select Type: “office,” address1, city, state, postal code, telephone number (office), fax number (office), email address (to office or office manager), manager (your office manager name). “Save”
 - To list more than one practice, click on “Add New” to complete the form.

- You must designate at least one as your primary office (Check [“Primary Office”](#) to indicate which one.)
- **Home Address** – Address1, city, state, postal code, – “Save”
- **Education/Training** – You must list medical school education and all training (internship(s), residency(s) and fellowship(s)). Indicate Type, use search engine to identify name of institution or if not found enter institution name, address, city, state, postal code, telephone, start date, end date, degree earned, subject, status – “Save”
 - To list more than one education institution, click on the “Add New” button to input the information – “Save”
- **Hospital Affiliations** – Only list hospitals, surgical centers, etc. where you currently have or have had privileges, appointment or membership for the last 7 years.
 - Click on “Add New” for each affiliation – “Save”
 - Use the search engine to identify institution information or if not found enter institution and ensure all fields are complete. Complete name of institution, address (of institution), city, state, postal code, medical staff office telephone number at the facility where you held privileges, appointment or membership medical staff office fax number where you held privileges, appointment or membership, start date, end date (if applicable).
 - **Phone and faxes must be directly to the Medical Staff Office where you had or have had privileges, appointment or membership. General phone and fax numbers to the institution are not appropriate and WILL delay processing of the application.**
- **Work History** – Only list organizations that you worked for (received a paycheck/were compensated) in the last 7 years.
 - Click on “Add New” for additional practice information – “Save”
 - Type, use search engine to identify practice information, otherwise complete name, address, city, state, postal code, telephone number, fax number, start date, end date (if applicable), position – “Save”
 - **Include the Human Resources or Practice Manager phone and fax numbers. General phone and fax numbers are not appropriate and WILL delay processing of the application.**
 - **It is very important to ONLY list work history where you were compensated.**
 - **If you were placed at the institution/organization by an agency, please list only the agency in this section! (The institution where you held privileges, appointment or membership would go in the Hospital Affiliations section.)**
- **Gaps** - Please explain any time periods or gaps longer than thirty days in duration in education/training or work history since graduation from professional school. “Save”
 - Click on “Add New” for each gap timeframe. “Save”
- **Peer Professional References** – We require four (4) peer references...at least two (2) must be from a physician. The references must be peers within your specialty or similar specialty. They should be familiar with your current clinical work either through direct clinical observation or close working conditions for the past two (2) years. They cannot be a relative(s) or someone who reports directly to you. Peer information should include first name, last name, degree, telephone, email address – “Save”
 - Click on “Add New” for each reference – “Save”

- The names and complete addresses of at least three (3) physicians, dentists, podiatrists or other practitioners, as appropriate, who have had recent extensive experience in observing and working with the applicant, and who can provide adequate information pertaining to the applicant's present professional competence and character. These references may not be from individuals associated or about to be associated with the applicant in professional practice or personally related to the applicant. At least one reference shall be from the same specialty area as the applicant.
 - **Licenses/Credentials** –: Please list all current licenses and certifications.
Type: name of licensing board, address, city, state, state code, license number, issue date, expiration date
 - Physician only
 1. Designate your DO or MD license Type = State Medical License
 - If both a Dentist and a physician:
 1. Designate your MD License Type = State Medical License
 2. Designate your Dental Type = Dentist License
 - Dentist only
 1. Designate your Dental License Type = State Medical License
 - DEA (if applicable) – Designate Type = DEA License. If you have more than one state DEA you must indicate each state.
 - ACLS or ATLS or PALS or ALSO if you are requesting Moderate Sedation (Note: You will need to upload a copy of the card in the files sections of the application
 - Click on “Add New” for each additional license/DEA number – “Save”
 - **Board Certifications** – Check “Search” box to see if board contact information is in the system. If the Board is in the system, certain fields will automatically populate. However, all of these fields must be completed: name (of board), certification status, certificate number, initial certification date, Recertification date (if applicable) certification expiration date, specialty.
 - **Professional Insurance** – Check “Search” box to see if insurance contact information is in the system. If not, enter the insurance company’s name, policy number, issued date, expiration date and coverage amount.
 - You must include information from the previous 7 years of malpractice insurance coverage.
 - Additionally, you must include malpractice insurance coverage for the practice you will be joining or that will be covering you while you are on staff, have membership or privileges.
 - **Medical History** – In the Medical History box, select immunization/vaccination type from the drop-down menu and provide the required information. Additional Medical History may be added by clicking the Add New button. Click Save when finished. Note: If you have had a positive tuberculosis test, then documentation of chest x-ray within the past ten (10) years must be uploaded in the Files for Uploading section.
 - Annual Flu Vaccine (required November - March)
 - Hepatitis B (date administered should reflect the date of the third vaccination)
- Files for Uploading:**
- Files – This section provides information on the files that are **required** for uploading and completing your application.
 - To upload a document:

- Select *Add New**.
 - Select a **File Type**
 - Enter a **Description** (Optional)
 - Enter an **Expiration Date** (Optional)
 - Click "**Click To Upload**" and Browse To Your File.
 - Click Save to complete the upload
- In order to submit a complete application and avoid processing delays, the following documents are required
 - ✓ Residency, fellowship, and/or hospital procedure logs from the last 24 months.
 - ✓ Any additional documentation needed to verify applicant meets criteria for requested privileges. (i.e. ACLS/ATLS, ALSO, PALS)
 - ✓ Government-issued ID (Driver's License, Passport, State ID, etc.)
 - ✓ Annual Flu Vaccine (required November – March)
 - ✓ Hepatitis B documentation
 - ✓ PPD documentation
 - If positive PPD test, copy of chest x-ray within the last 10 years
 - ✓ 2-year CME documentation
 - Is required for established physicians (post 12 months completion of residency).
 - Those coming out of residency within the last 12 months – not required
 - **Upload all documents as (1)-one file**
 - ✓ Certificate of Professional Liability Insurance form (COI) reflecting all information listed in the Professional Insurance Section.
 - If applying for privileges, membership or appointment at New Hanover Regional Medical Center, New Hanover Regional Medical Center must be listed as the certificate holder on the Certificate of Professional Liability Insurance, including the address 2131 S. 17th St., Wilmington, NC 28402-9000
 - If applying for privileges, membership or appointment at Pender Memorial Hospital, Pender Memorial Hospital must be listed as the certificate holder on the Certificate of Professional Liability Insurance, including the address 507 E. Freemont St. Burgaw, NC 28425
 - ✓ Explanation for malpractice claims information, license disciplinary actions, criminal background issues, gaps if needed, etc.
 - ✓ ECFMG (is applicable)
 - **Attestation Questions** – Answer ALL questions. Questions that generate a comment box require more information to clarify.
 - **Note:** Call Coverage Plan in this section. Call coverage is required for all except APPs and physicians with a status of Tele, Visiting, Honorary Active or Administrative. If you fall into one of these categories, please put that in the comment box instead of your call coverage plan.
 - **Privileges** – Carefully read the criteria of each privilege you are requesting to ensure you meet the criteria.
 - Check the box next to the privilege(s) you are requesting.

NHRMC and PMH Instructions for Physicians – Initial Application

- You will need to upload documentation that demonstrates you meet the criteria outlined in the privilege. These may include case numbers with case logs, etc. You will upload these to the Files section of the application.
- Privileges requested must reflect those that are within the providers scope of practice and cover all patient care that will be provided.
- **Malpractice claims** – Provide requested information (if applicable).
 - **Enter the following information on all past claims and/or pending**
 1. Incident date, status, action and allegation.
 - Note: Documentation must be uploaded in the Files section of the application. This may be an explanation or the official documents from the claim.
- Review your application prior to clicking the “Submit Application” button**
 - Did you sign all required documents per the application instructions?
 - Did you upload required files as noted in the Files section and name them appropriately?
- Once you have confirmed that all required information and supporting documentation has been completed, click the “Submit Application” button.**

ADDITIONAL INFORMATION

For NHRMC only – Forward initial application fee by check or money order to:

*New Hanover Regional Medical Center
Medical Staff Office
2131 S. 17th Street, P.O. Box 9000
Wilmington, NC 28402-9000*

Fee is payable to New Hanover Regional Medical Center c/o Medical Staff Office (Physicians-\$350).