

**CREDENTIALING PROCEDURES MANUAL**  
**MEMORIAL HOSPITAL OF SOUTH BEND, INC.**  
**SOUTH BEND, INDIANA**

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## PART ONE. APPOINTMENT PROCEDURES

### 1.1 APPLICATIONS

All applicants will receive a combined pre-application/application packet upon request. If the applicant does not meet the minimum qualifications for staff membership, the applicant is instructed not to complete the full application for appointment to the Medical/Dental Staff. If a completed application is received that does not meet the general qualifications of staff membership, the applicant will be notified to contact the Hospital when they do meet the criteria. Such notice shall not in any way give rise to any substantive or procedural due process rights which may be afforded under the Medical Staff Bylaws or the Fair Hearing Plan.

### 1.2 APPLICATION CONTENT

Every applicant must furnish complete information concerning the following:

- 1.2-1 Postgraduate training, including the name of each institution, degrees granted, program completed, dates attended, and the names of practitioners responsible for the applicant's performance.
- 1.2-2 All currently valid medical, dental and other professional licensures or certifications, and Drug Enforcement Administration registration, with the date and number of each.
- 1.2-3 Specialty or sub-specialty board certification, recertification, or eligibility status.
- 1.2-4 Health impairments (including alcohol or drug dependencies), if any, affecting or that reasonably may affect the applicant's ability in terms of skill, attitude or judgment to perform professional and Medical Staff duties fully; hospitalizations or other institutionalizations for significant health problems during the past five (5) year period; date of last physical examination with name and address of performing physician/institution and significant findings.
- 1.2-5 Proof of qualification as a provider under Indiana's Medical Malpractice Act or other evidence acceptable to the Medical Staff of financial responsibility for professional liability, and information on malpractice claims history and experience (suits and settlements made, concluded and pending), including the names of present and past insurance carriers for the past ten (10) years.
- 1.2-6 Any pending or final action involving denial, revocation, suspension, reduction, limitation, probation, non-renewal or voluntary relinquishment (by resignation or expiration) of the following: (i) license or certificate to practice any profession in any State or Country; (ii) Drug Enforcement Administration registration or other controlled substances registrations; (iii) membership or fellowship in local, State or national professional organizations; (iv) faculty membership at any medical or other professional school; (v) staff membership status, prerogatives or clinical privileges at any other hospital, clinic or health care institution; (vi) professional liability insurance.
- 1.2-7 Location of medical offices; names and addresses of other practitioners with whom the applicant is or was associated and inclusive dates of such association; names and locations of any other hospital, clinic or health care institution where the applicant provides or provided clinical services with the inclusive dates of each affiliation, status held, and general scope of clinical privileges.
- 1.2-8 Department assignment, Staff category, and specific clinical privileges requested.

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- 1.2-9 Any current felony criminal charges pending against the applicant and any past felony charges or convictions. Criminal history background checks shall be performed for all licensed independent practitioners.
- 1.2-10 References as required by Section 1.3 below.
- 1.2-11 Statements notifying the applicant of the scope and extent of the authorization, confidentiality, immunity, and release provisions of the Medical Staff Bylaws and this Credentialing Procedures Manual.
- 1.2-12 Evidence of PPD testing during the current year.

## **1.3 REFERENCES**

The applicant must include the names of at least three (3) medical professionals, preferably not currently partners (or about to become partners) with the applicant in professional practice or relatives, who have personal knowledge of the applicant's current clinical ability, ethical character, health status and ability to work cooperatively with others and who will provide specific written comments on these matters upon request from Hospital or Medical Staff authorities. The named individuals must have acquired the requisite knowledge through recent observation of the applicant's professional performance over a reasonable period of time and, at least one, must have had organizational responsibility for supervision of the applicant's performance (e.g., Department Chief, Service Chief, Training Program Director).

## **1.4 EFFECT OF APPLICATION**

The applicant must sign the application and in so doing:

- 1.4-1 attests to the correctness and completeness of all information furnished;
- 1.4-2 signifies a willingness to appear for interviews in connection with the application;
- 1.4-3 agrees to abide by the terms of the Bylaws, Rules, Regulations, policies and procedure manuals of the Medical Staff and those of the Hospital if granted membership and/or clinical privileges, and to abide by the terms thereof in all matters relating to consideration of the application without regard to whether or not membership and/or privileges are granted;
- 1.4-4 agrees to maintain an ethical practice and to provide continuous care to patients;
- 1.4-5 authorizes and consents to Hospital representatives consulting with prior associates or others who may have information bearing on professional or ethical qualifications and competence and consents to their inspecting all records and documents that may be material to evaluation of said qualifications and competence;
- 1.4-6 authorizes and consents to Hospital representatives performing a criminal history background check
- 1.4-7 releases from any liability all those who, in good faith and without malice, review, act on or provide information regarding the applicant's competence, professional ethics, character, health status, and other qualifications for Staff appointment and clinical privileges.

For purposes of this Section, the term "Hospital representative" includes the Board, its directors and committees; the Hospital President; the Medical Staff organization and all Medical Staff members, clinical units and committees which have responsibility for providing information about or collecting and evaluating the applicant's credentials or acting upon these applications; and any authorized

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representative of any of the foregoing.

## **1.5 PROCESSING THE APPLICATION**

### **1.5-1 APPLICANT'S BURDEN**

The applicant has the burden of producing adequate information for a proper evaluation of personal experience, training, demonstrated ability, and health status, and of resolving any doubts about these or any of the qualifications required for Staff membership or the requested Staff category, Department assignment, or clinical privileges, and of satisfying any reasonable requests for information or clarification (including health examinations) made by appropriate Staff or Board authorities.

### **1.5-2 VERIFICATION OF INFORMATION**

The completed application is submitted to the Hospital President. The Hospital President, or designee, queries the National Practitioner Data Bank regarding the applicant and collects or verifies the references, licensure, and other information submitted and promptly notifies the applicant of any problems in obtaining the information required. Upon such notification, it is the applicant's obligation to obtain the required information. When collection and verification is accomplished, the Hospital President or designee transmits the application and all supporting materials to the Chief of each Department in which the applicant seeks privileges and to the Chairman of the Credentials Committee.

### **1.5-3 DEPARTMENT EVALUATION**

The Chief of each Department in which the applicant seeks privileges reviews the application and its supporting documentation and forwards to the Credentials Committee a written report as required by Section 1.5-8 evaluating the evidence of the applicant's training, experience and demonstrated ability. Department Chiefs may at their discretion, conduct interviews with the applicant. If further information is required, a Department Chief may defer transmitting the report for a maximum of 30 days. In case of a deferral, the applicable Chief must notify the applicant and the Chairman of the Credentials Committee in writing of the deferral and the grounds. If the applicant is to provide the additional information, notice given must so state and include a request for the specific data/explanation required.

### **1.5-4 CREDENTIALS COMMITTEE EVALUATION**

The Credentials Committee reviews the application, the supporting documentation, the reports from the Department Chief and any other relevant information available to it. The Credentials Committee may, at its discretion, conduct an interview with the applicant, or designate one or more of its members to do so. The Credentials Committee then transmits to the Medical Executive Committee (MEC) its written report and recommendations as required by Section 1.5-8. If the Credentials Committee requires further information, it may defer transmitting its report but for not more than 30 days, and it must notify the applicant and the MEC in writing of the deferral and the grounds. If the applicant is to provide the additional information, notice given must so state and include a request for the specific data/explanation required.

### **1.5-5 MEDICAL EXECUTIVE COMMITTEE ACTION**

The Medical Executive Committee (MEC), at its next regular meeting, reviews the application, the supporting documentation, the reports and recommendations from the Department Chiefs and the Credentials Committee, and any other relevant information available to it. The MEC may either defer action on the application pending additional information or prepare a written report with recommendations as required by Section 1.5-8.

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## 1.5-6 EFFECT OF MEC ACTION

### A. Deferral

Action by the MEC to defer the application for further consideration must be followed up within 30 days with its report and recommendations. The President of the Staff promptly sends the applicant written notice of an action to defer, including a request for the specific data/ explanation, if any, required from the applicant.

### B. Favorable Recommendation

When the MEC's recommendation is favorable to the applicant in all respects, the MEC promptly forwards it, together with all supporting documentation, to the Board. "All supporting documentation" means the application form and its accompanying information, the reports and recommendations of the Departments, the Credentials Committee and MEC, and any dissenting views.

### C. Adverse Recommendation

When the MEC's recommendation is adverse to the applicant, the President of the Staff is to inform the applicant by special notice within a reasonable period of time. The notice shall state the basis of the adverse determination and include a summary of the applicant's rights in the event the applicant desires to request a fair hearing on the adverse determination. The applicant is then entitled to the procedural rights as provided in the Fair Hearing Plan. An "adverse recommendation" by the MEC is defined as a recommendation to deny appointment, requested Staff category, requested Department assignment, or to deny or restrict requested clinical privileges.

## 1.5-7 BOARD ACTION

### A. On Favorable MEC Recommendation

The Board may adopt or reject, in whole or in part, a favorable MEC recommendation or refer the recommendation back to the MEC for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation must be made. A favorable decision by the Board is deemed to be a final action. If the Board's action, after complying with the requirements of Section 1.5-9, is adverse to the applicant in any respect, the Hospital President shall notify the applicant by special notice and within a reasonable period of time of the adverse determination. The notice shall state the basis of the adverse determination and shall include a summary of the applicant's rights in the event the applicant desires to request a fair hearing on the adverse determination.

### B. Without Benefit of MEC Recommendation

If, in its determination, the Board does not receive a MEC recommendation in a timely fashion, it may, after notifying the MEC of its intent and allowing a reasonable period of time for response, take action on its own initiative. Any favorable decision is deemed to be the Board's final action. If the Board's action is adverse in any respect, the Hospital President shall notify the applicant by special notice and within a reasonable period of time of the adverse determination. The notice shall state the basis of the adverse determination and shall include a summary of the applicant's rights in the event the applicant desires to request a fair hearing on the adverse determination.

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**C. After Procedural Rights**

In the case of an adverse MEC recommendation, the Board takes final action in the matter as provided in the Fair Hearing Plan.

**D. Adverse Board Action Defined**

"Adverse action" by the Board means action to deny appointment, requested Staff category, requested Department assignment, or to deny or restrict requested clinical privileges.

**1.5-8 CONTENT OF REPORTS AND BASES FOR RECOMMENDATION AND ACTIONS**

The report of each individual or group, including the Board, required to act on an application must include recommendations as to approval or denial of, and any special limitations on, Staff appointment, category of Staff membership and prerogatives, Department affiliation, and scope of clinical privileges. The reasons for each recommendation or action taken must be stated with reference to the completed application and all other documentation considered.

**1.5-9 CONFLICT RESOLUTION**

Whenever the Board determines that it will decide a matter contrary to the MEC's recommendation, the matter will first be submitted to a joint conference committee, composed of three members each from the Medical Staff and the Board, appointed respectively by the President of the Staff and the Chairman of the Board, for review and recommendation before the Board takes final action.

**1.5-10 NOTICE OF FINAL ACTION**

- A. Notice of the Board's final action is given through the Hospital President to the MEC, to the Chief of each Department concerned, and to the applicant by written notice.
- B. A decision and notice to appoint includes:
  - 1. the Staff category to which the applicant is appointed;
  - 2. the Department to which the applicant is assigned;
  - 3. the clinical privileges which the applicant may exercise; and
  - 4. any special conditions attached to the appointment.

**1.5-11 TIME PERIODS FOR PROCESSING**

All individuals and groups required to act on an application for Staff appointment must do so in a timely and good faith manner, and except for good cause, each application should be processed within 120 days.

This time period is to be deemed a guideline and is not a directive such as to create any rights for a practitioner to have an application processed within such periods. If the provisions of the Fair Hearing Plan are activated, the time guidelines provided therein govern the continued processing of the application.

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## **1.6 REAPPLICATION AFTER ADVERSE CREDENTIALS DECISION**

An applicant or Staff member who has received a final adverse decision regarding appointment, Staff category, Department assignment or clinical privileges is not eligible to reapply to the Medical Staff or for the denied category, Department, or privileges for a period of six (6) months. Any such reapplication is processed as an initial application and the applicant or Staff member must submit such additional information as the Medical Executive Committee or the Board may require in demonstration that the basis for the earlier adverse action no longer exists.

## PART TWO. REAPPOINTMENT PROCEDURES

## **2.1 INFORMATION COLLECTION AND VERIFICATION**

### **2.1-1 FROM STAFF MEMBER**

Medical Staff members will be notified of the expiration of their medical staff appointment at least 150 days prior to the expiration date. At least 120 days prior to this date, the member furnishes in writing to the Medical Staff Office the following:

- A. complete information for file update on the items listed in Section 1.2 of this Manual;
- B. documentation of continuing training and education external to the Hospital during the preceding period;
- C. specific request for the clinical privileges sought on reappointment, with any basis for changes;
- D. requests for changes in Staff category or Department assignments; and
- E. physical/mental examination and/or substance abuse evaluation, including a drug and/or alcohol screening examination, if recommended by the appropriate department chief and deemed necessary by the Credentials Committee. (If a physician tests positive, the information will be kept confidential and will be referred to the Physician Assistance Committee.)

Failure, without good cause, to provide this information in the specified time period or to consent to a required examination or the release of the results of the examination is deemed a voluntary resignation from the Staff and results in automatic termination of membership at the expiration of the current term.

The Hospital President or designee verifies this additional information, and notifies the Staff member of any information inadequacies or verification problems. The Staff member then has the burden of producing adequate information and resolving any doubts about the data.

### **2.1-2 FROM INTERNAL SOURCES**

The Chairman of the Credentials Committee, or designee, collects for each Staff member's credentials file all relevant information regarding the individual's professional and collegial activities, and performance and conduct in this Hospital. Such information includes, without limitation:

- A. patterns of care as demonstrated in the findings of quality assessment activities or evaluation of medical records by outside reviewers in the case of new disciplines;

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- B. participation in relevant internal teaching and continuing education activities;
- C. relevant practitioner specific information from quality management activities will be considered and compared to aggregate information when these measurements are appropriate for comparative purposes. Any results of peer review are also included;
- D. sanctions imposed or pending and other problems;
- E. health status;
- F. attendance at required Medical Staff and Department meetings;
- G. participation as a Staff official, committee member/chairman and proctor, and in specialty coverage for the emergency room;
- H. timely and accurate completion and preparation of medical records;
- I. cooperativeness in working with other practitioners and Hospital personnel;
- J. general attitude toward patients;
- K. compliance with all applicable bylaws, policies, rules, regulations and procedures of the Hospital and Staff.
- L. Reports from the National Practitioner Data Bank of adverse professional review actions and medical malpractice payments.
- M. Criminal history background checks shall be performed when, as a result of reviewing information submitted by the practitioner, there is credible evidence of wrong-doing on the part of the physician; or information is obtained that the physician may have a criminal record. The results of this criminal check shall be considered a permanent part of the practitioner's credentials file and shall be a part of the consideration for approval of privileges.

## **2.2 DEPARTMENT EVALUATION**

The Department Chief in which a staff member has clinical privileges shall review the member's file and sends to the Credentials Committee a written report, which includes a statement as to whether or not there has been observation or information of any conduct which indicates significant present or potential physical, mental or dependency problems which could affect the practitioner's ability to carry out any responsibilities. Recommendations for, and any special limitation on, reappointment or non-reappointment, Staff category, or Department assignment shall be included.

## **2.3 CREDENTIALS COMMITTEE EVALUATION**

The Credentials Committee reviews the member's file, the Department reports, and all other relevant information available to it and forwards to the Medical Executive Committee a written report with recommendations for, and any other special limitations on, reappointment or non-reappointment and Staff category, Department assignment, and clinical privileges.

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## **2.4 MEDICAL EXECUTIVE COMMITTEE ACTION**

The Medical Executive Committee reviews the member's file, the Department and Credentials Committee reports, and any other relevant information available to it and defers action on the reappointment or prepares a written report with recommendations for, and any special limitations on, reappointment or non-reappointment and for Staff category, Department assignment, and clinical privileges.

## **2.5 FINAL PROCESSING AND BOARD ACTION**

Final processing of reappointments follows the procedure set forth in Sections 1.5-6, 1.5-7 A. through C., 1.5-9, 1.5-10 and 1.6 of this manual. For purposes of reappointment, an "adverse recommendation" by the Medical Executive Committee or an "adverse action" by the Board as used in those Sections means a recommendation or action:

- 2.5-1 to deny reappointment;
- 2.5-2 to deny a requested change in, or to change without the Staff member's consent, category or Department assignment; or
- 2.5-3 to deny or restrict requested clinical privileges.

The terms "applicant" and "appointment" as used in those Sections shall be read respectively, as "Staff member" and "reappointment".

## **2.6 BASES FOR RECOMMENDATION AND ACTION**

The report of each individual or group, including the Board, required to act on a reappointment shall state the reasons for each recommendation made or action taken, with specific reference to the Staff member's credentials file and all other documentation considered.

## **2.7 TIME PERIODS FOR PROCESSING**

Transmittal of the notice to a Staff member and provision of dated information is to be carried out in accordance with Section 2.1-1 of this Manual. Thereafter and except for good cause, all persons and groups required to act must complete such action so that all reappointment reports and recommendations are transmitted to the Medical Executive Committee and in turn to the Board prior to the expiration date of Staff membership of the member whose reappointment is being processed.

The time periods specified are to guide the acting parties in accomplishing their tasks.

## **2.8 REQUESTS FOR MODIFICATION OF MEMBERSHIP STATUS OR PRIVILEGES**

Subject to the requirement of Section 1.6 of this Manual, a Staff member may, either in connection with reappointment or at any other time, request modification of Staff category, Department assignment, or clinical privileges by submitting a written application to the Hospital President or designee on the prescribed form. A modification application is processed in the same manner as a reappointment.

## **PART THREE. SYSTEMS AND PROCEDURES FOR DELINEATING CLINICAL PRIVILEGES**

### **3.1 DEPARTMENT RESPONSIBILITY**

Each Department must have written definitions of the procedures and conditions that fall within its clinical area. The following will also be included:

- 3.1-1 different levels of severity or complexity when appropriate.
- 3.1-2 the requisite training

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- 3.1-3 the requisite experience
- 3.1-4 other qualifications

These definitions must be coordinated with the Credentials Committee and approved by the Medical Executive Committee and Board. They must be periodically reviewed and revised because they form the basis for delineating privileges within the Department. Special procedures (i.e., biopsies, aspirations, endoscopies, dialysis, hyperalimentation, chemotherapy, Swan-Ganz, etc.) that may be performed at the Hospital must be defined, qualifications established, and privileges specifically requested and delineated for such special procedures.

## **3.2 CONSULTATION AND OTHER CONDITIONS**

There may be attached to any grant of privileges, in addition to requirements for consultation in specified circumstances provided for in the Bylaws, or in the rules, regulations and policies of the Staff, any of its clinical units or the Hospital, special requirements for consultation as a condition to the exercise of particular privileges. As a part of the request for clinical privileges, each practitioner pledges that in dealing with cases outside one's own training and usual area of practice, the practitioner will seek appropriate consultation or refer to a practitioner who has expertise in such cases and acknowledges that this request is circumscribed by Hospital and Medical Staff policies and by such other special policies as may from time to time be adopted.

## **3.3 PROCEDURE FOR DELINEATING PRIVILEGES**

### **3.3-1 REQUESTS**

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant or Staff member. Specific requests must also be submitted for temporary privileges and for modifications of privileges in the interim between reappraisals.

### **3.3-2 PROCESSING REQUESTS**

All requests for clinical privileges will be processed according to the procedures outlined in Parts One and Two of this Manual, as applicable.

## **PART FOUR. CONCLUSION AND EXTENSION OF PROVISIONAL PERIOD**

## **4.1 SUCCESSFUL CONCLUSION**

### **4.1-1 STATEMENTS REQUIRED**

No later than one (1) year after appointment to Staff or the granting of increased privileges, a practitioner must submit to the Credentials Committee a request for a declaration that all or any part of the provisional period is successfully concluded or a request for an extension as provided in Section 4.2. A new appointee's request must be accompanied by one or more signed statements described in Sections 4.1-1 A. and B. and the request of a Staff member with increased privileges must be accompanied by one or more signed statements described in Section 4.1 B. The statements that must be furnished are:

- A. from the Chief of the Department in which appointment was made attesting that by observed performance the practitioner has demonstrated the qualifications for Staff membership and for the Staff category, that prerogatives have not been abused, and that membership obligations have been discharged; and
- B. from the Chief of each Department in which initial or increased clinical privileges were granted, the practitioner has satisfactorily demonstrated the ability to exercise those privileges.

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## **4.1-2 ACTION REQUIRED**

The Credentials Committee considers the requests and statement(s) furnished to it and defers action of the request or prepares a written report with recommendations and supporting documentation. Final processing follows the procedures set forth in the appointment process. For purposes of concluding the provisional period, an "adverse recommendation" by the Medical Executive Committee or an "adverse action" by the Board as used in the appointment process means a recommendation or action:

- A. to change, without the Staff member's consent, the Department assignment;
- B. to reduce Staff category assignment without the practitioner's consent; or
- C. to deny or restrict requested clinical privileges.

The terms "applicant" and "appointment" as used in those Sections shall be read, respectively, as "Staff member" and "conclusion of the provisional period."

## **4.2 EXTENSION**

If an initial appointee or Staff member is unable to obtain a Section 4.1-1 B. statement as required with respect to a particular clinical privilege because the case load at the Hospital was inadequate to demonstrate ability to exercise that privilege and the applicant submits to the Credentials Committee a statement to this effect describing the case load and signed by the Chief of the applicable Department, the practitioner's provisional period for exercising the privilege or privileges involved will automatically be extended for one (1) additional year, unless the Medical Executive Committee or Board, after receiving the recommendation of the Credentials Committee, determines such extension is inappropriate. Only one extension is permissible.

## **4.3 PROCEDURAL RIGHTS**

Whenever a provisional period, including any period of extension expires without favorable conclusion for the practitioner or whenever an extension is denied, the practitioner will be provided with written notice of the adverse result and of the entitlement to the procedural rights provided in the Fair Hearing Plan.

## PART FIVE. LEAVE OF ABSENCE

### **5.1 LEAVING STATUS**

A Staff member may request a voluntary leave of absence by giving written notice to the President of the Staff, subject to the approval of the Department Chief. The notice must state the approximate period of time of the leave, which may not exceed two (2) years, except for military service. During the period of the leave, the Staff member's clinical privileges, prerogatives, and obligations are suspended.

### **5.2 TERMINATION OF LEAVING**

The Staff member must, at least thirty (30) days prior to the termination of the leave, or may at any earlier time, request reinstatement by sending a written notice to the Medical Executive Committee. If the leave of absence was based on medical reasons, the written request shall include a statement from the Staff member's treating physician that the Staff member is both physically and mentally capable of resuming the practice of medicine within the Hospital. The Staff member must submit a written summary of relevant activities during the leave if the MEC or the Board so requests. The MEC makes a recommendation to the Board concerning reinstatement, and the procedures in Sections 1.5-6, 1.5-7, 1.5-9, 1.5-10, and 1.6, as applicable, are followed.

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## **PART SIX. ALLIED HEALTH PROFESSIONALS**

### **6.1 PROCEDURE FOR SPECIFICATION OF SERVICES**

#### **6.1-1 POSITION DESCRIPTIONS**

Written guidelines for the performance of specified services by each category of Allied Health Professionals (AHP) will be developed by the Allied Health Professional Credentialing Committee, subject to approval by the Credentials and Medical Executive Committees and the Board, and with input, as applicable, from the physician director of the clinical unit involved, from the physician supervisor of an AHP, and from other representatives or groups of the Medical Staff, Management and the Hospital's other professional staffs. For each category of AHP, such guidelines must include at least:

- A. Specification of classes of patients that may be seen.
- B. A description of the services to be provided and procedures to be performed, including any special equipment, procedures or protocols that specific tasks may involve, and responsibility for charting services provided in the patient's medical record.
- C. Definition of the degree of assistance that may be provided to a practitioner in the treating of patients on Hospital premises and any limitations thereon, including the degree of practitioner supervision required for each service.

#### **6.1-2 EVALUATION OF INDIVIDUAL AHP APPLICATIONS**

The procedure for evaluating applications for specified services will be defined separately for each category of AHP's. Said procedures will be subject to MEC and Board approval and will provide for the participation of representatives of the Board, Medical Staff, Management and other professional staffs as appropriate for the particular category of AHP's.

### **6.2 TERMS AND CONDITIONS OF AFFILIATION**

An AHP is individually assigned to the clinical unit appropriate to one's professional training and is subject to a provisional period, formal periodic reviews and disciplinary procedures as determined for this category. An AHP is not entitled to the same procedural due process rights as provided in the Fair Hearing Plan for Staff members and applicants, unless the Board determines otherwise for the specific category of AHP's.

## **PART SEVEN. AMENDMENT**

### **7.1 AMENDMENT**

This Credentialing Procedures Manual may be amended or repealed, in whole or in part, by following the procedures outlined in Article Sixteen of the Medical Staff Bylaws.

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## CERTIFICATION OF ADOPTION AND APPROVAL

*Adopted by the Medical Staff*

May 10, 1993

Date

*Approved by the Board of Trustees*

May 27, 1993

Date