

Texas Spine & Joint Hospital

CONSENT FOR AUTHORIZATIONS AND RELEASES

Your signature below signified that you agree to the following conditions pertaining to this application.

1. I attest to the correctness and completeness of all information furnished.
2. I am willing to appear for interviews in connection to this application.
3. I agree to abide by the terms of any bylaws, rules, regulations, policies and procedure manuals of Texas Spine & Joint Hospital, presently formulated or as later amended or modified.
4. I authorize a representative of Texas Spine & Joint Hospital to consult associates or others, who may have information bearing on my qualifications and consent to their inspecting records and documents that may be material to the evaluation of my qualification and competence.
5. I release from any liability all those who, in good faith, review, act on or provide information regarding my competent, professional ethics, character, health status and other qualifications for clinical privileges.
6. I authorize any healthcare facility to release copies of my privileges and staff application to Texas Spine & Joint Hospital.
7. I authorize any medical school or healthcare facility to release information on my medical training.
8. I agree to provide the Medical Director/Administrator of Texas Spine & Joint Hospital of any change in the information submitted in this application within thirty days of such change.

Signature

Date

Printed Name

Social Security Number

Texas Spine & Joint Hospital

Professional Staff Continuing Education Verification

Please submit documentation of your continuing education for the past year.

The following options are offered:

- 1) List the courses taken, location, date and number of CEUs or contact hours obtained. If necessary, attach additional pages(s).
- 2) Forward a copy of your own listing. Copies of certificates may be submitted, but are not required.
- 3) Certify that you have the required CEU's for the State of Texas and will provide them upon request.

Course Taken	Location	Date	CEU/Contact Hrs.

*** I hereby certify I have completed the required continuing education needed to maintain my license and/or certificate. I understand a random audit will be done at which time I will bring proof of the education listed above. The record will be maintained in my file.

Printed Name/Title

Signature/Title

Date

**DOCUMENTS REQUIRED IN ADDITION TO THE TEXAS STANDARDIZED
APPLICATION FOR REAPPOINTMENT TO TEXAS SPINE & JOINT
HOSPITAL**

- 1. Current picture**
- 2. TB Questionnaire**
- 3. Consent for Authorization and Releases**
- 4. CEU Statement**
- 5. DOP**

Two peer references are required at reappointment. Please make sure the peer references have current knowledge of your abilities to perform the requested privileges.

**Texas Spine and Joint Hospital
TB Questionnaire**

1. Have you been treated in the past for TB? Yes___No___
2. Have you ever had a positive TB Skin Test? Yes___No___
3. Do you have any of the following symptoms?
- a. Chronic cough? Yes___No___
 - b. Sputum production? Yes___No___
 - c. Night sweats? Yes___No___
 - d. Fever? Yes___No___
 - e. Involuntary weight loss? Yes___No___
 - f. Chronic fatigue Yes___No___

If yes to any above, please explain:

4. Physician review to positive answers:

5. Have you ever completed the Hepatitis B Series Yes___No___

6. Do you any history of natural rubber/latex allergy: Yes___No___

Date of last physical exam: ____/____/____

Examining Physician: _____

Physician Address: _____

Signature of Applicant:

_____ Date:_____