

APPLICATION FOR HOSPITAL PRIVILEGES

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|------------------------|-----------------|-----------------------------------|-----------------|
| Medical Student | Resident | Visiting Specialist Clinic | Observer |
| | | Resident Fellow | |

| | | |
|--|--------------------|---------------------|
| Date of Application: | Start Date: | End Date: |
| Full Name: | | |
| Last: | First: | Middle: |
| Date and Place of Birth: | | Citizenship: |
| Mailing Address | | |
| Phone: | | |
| Work: | Home: | Cell: |
| (please ensure this number works in Yukon as this is the number that will be provided to the hospital) | | |
| Email address: | | |
| This email address will be used to notify you of incomplete charts and other YHC communications. | | |

1. Documents required for hospital privileges application (please check off, if attached):

Application Form

Letter from Medical University indicating:

- enrolment and studies
- you are in 'good standing
- dates of elective and name of preceptor
- confirmation of malpractice insurance (copy of CMPA required for residents/fellows)

This letter will also serve as your professional reference.

CMPA Statement of Protection - required for Residents

Signed Confidentiality Agreement

N-95 Fit Test certificate

Nuance Agreement – For Residents (not applicable to Visiting Specialist Clinic Residents)

Yukon Medical Council – medical license

NOTE: Yukon Medical Council will provide Yukon Hospital Corporation a copy of Yukon License once this is issued.

2. Please indicate the physician's name and clinic. **It is very important that we have the name of the physician as they are responsible for any incomplete charts you may leave behind once you have completed your time here.**

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|------------------------------|-----------------|
| Name of physician preceptor: | Name of clinic: |
|------------------------------|-----------------|

3. Please indicate which hospital/departments in Yukon Hospital Corporation for which privileges are required:

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|--------------------------------|---|
| Whitehorse General Hospital | Please Note: Emergency Department Tracker Training is required prior to scheduled shifts in the Whitehorse General Hospital Emergency Department. Please speak to your preceptor to arrange training. Emergency Department |
| Dawson City Community Hospital | |
| Watson Lake Community Hospital | |

4. Please answer all the following questions:

| | Yes | No |
|--|-----|----|
| Do you suffer from ill health or other infirmity (including nervous, mental or emotional conditions) of an acute, chronic or recurrent nature that could impair your ability to practice or deliver safe care to patients? | | |
| Are all your vaccinations current? | | |
| Have you been screened for Tuberculosis (TB) within the last two years? | | |
| Has your ability while training, ever been impaired by alcohol or drug related problem? | | |
| During your medical training, have you ever been denied, suspended, restricted or subject to a modified teaching program? | | |
| Have you ever had your medical training privileges suspended, reduced, restricted, or removed? | | |
| Have you ever been denied college registration, hospital privileges or liability insurance? | | |
| During your medical training, have you ever been subject to an inquiry or peer review that has disciplinary consequences? | | |
| During your medical training, have you ever been subject to malpractice action where liability was assessed (i.e. fault assigned to you) or where a settlement was paid on your behalf? | | |
| Do you have any unresolved malpractice actions against you? | | |

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| If you have answered yes to any of the above, please explain: |
| |
| |

DECLARATION:

I, the undersigned, hereby apply for medical student/resident/VSC resident/Fellow privileges at the Yukon Hospital Corporation (the "Hospital"), and in making application declare that I will abide by all Hospital and Medical Staff By-laws and Rules and Yukon Hospital Corporation Policies and Procedures as may from time to time be enacted. I pledge that I will conduct myself in accordance with the "Code of Ethics", as prescribed by the Canadian Medical Association. I agree to accept such duties as may be given to me in the interest of the hospital, and will at all times do all in my power to assist the Hospital in the preservation and improvement of the public health.

Signature of Applicant

Date

I, the undersigned, hereby authorize the Hospital to obtain any information relevant to my past and current performance related to my medical training, including information on privileges that have been curtailed or cancelled by any medical licensing authority or by any hospital because of incompetence, negligence or any act of professional misconduct, as well as any reports of any action taken by disciplinary committees.

Signature of Applicant

Date

APPLICATION FOR PRIVILEGES:

That I, _____ am applying for Medical Student/Resident/VSC Resident/Fellow privileges at Yukon Hospital Corporation. In making this application, I solemnly declare that my past training and experience have been of such nature that I presently consider myself competent and capable of proficiently performing the requested privileges.

In the event of any uncertainty in respect of my approved privileges, such matters shall be forwarded to the attention of the Chief of Staff Office.

Signature of Applicant

Date