



**APPLICATION FOR INITIAL APPOINTMENT  
LOS ALAMOS MEDICAL CENTER  
LOS ALAMOS, NEW MEXICO**

The following is a list of the information/materials we require in order to consider an applicant for privileges at Los Alamos Medical Center. It is the applicant's responsibility to either provide the items requested or to make certain that they have been submitted by other parties. **There are two lists, one for Initial appointment and one for reappointment! Please make sure you only send the items from the list that applies to you.**

In order for your application of membership in the Medical Staff of Los Alamos Medical Center and your request for clinical privileges to be considered, a **COMPLETE** application must be available. Fill in all blanks completely. If a question does not apply to you, write "Not Applicable" or N/A". You **MUST** use complete addresses, phone and fax numbers, give dates in month and year format.

Until all requested items have been submitted to and received by the Credentials Department, your application will be considered **INCOMPLETE** and will not be processed.

**INITIAL APPOINTMENT! Please use this as your checklist before returning items!**

<input type="checkbox"/>	Curriculum Vitae
<input type="checkbox"/>	Copy of government issued identification (driver's license, passport, or military identification)
<input type="checkbox"/>	Recent Color Photo
<input type="checkbox"/>	Copy of Undergraduate Diploma
<input type="checkbox"/>	Copy of Diploma from Medical School
<input type="checkbox"/>	Copy of Translation form Diploma <i>(if applicable)</i>
<input type="checkbox"/>	Copy of ECFMG Certificate <i>(if applicable)</i>
<input type="checkbox"/>	Copy of Internship Certificate
<input type="checkbox"/>	Copy of Residency Certificate
<input type="checkbox"/>	Copy of Fellowship Certificate <i>(if applicable)</i>
<input type="checkbox"/>	Copy of current New Mexico Medical License <b>AND</b> of medical license from any other state(s) in which you are licensed.
<input type="checkbox"/>	Copy of your DEA Certificate with NM address on it <b>AND</b> any other DEA Certificates in other states - <b>1 Registration certificate required per state - 21 CFR Part 1301 [Docket No. DEA-244F] RIN 1117-AA89</b>
<input type="checkbox"/>	Copy of NM Controlled Substance Registration (CSR) Certificate <b>AND</b> any other Controlled Substance Certificates in other states
<input type="checkbox"/>	Copy of Board Certification Certificate(s)
<input type="checkbox"/>	Copy of current Insurance Certificate <b>AND</b> all previous insurance certificates
<input type="checkbox"/>	Copy of current ACLS, ATLS, BCLS, PALS Certificates <i>(if applicable)</i>
<input type="checkbox"/>	Copy of <b>ALL</b> CME's <i>(previous two years totaling 50 with 25 in your specialty)</i>
<input type="checkbox"/>	Copy of current Visa/Work Authorization <i>(if applicable)</i>

<input type="checkbox"/>	Documentation of Immunity to Chickenpox ( <i>titer</i> )
<input type="checkbox"/>	Documentation of MMR vaccination ( <i>titers indicating immunity for measles, mumps and rubella</i> )
<input type="checkbox"/>	Documentation of current TB skin test (x2) – (or latest negative CXR)
<input type="checkbox"/>	Explanation to any “YES” answers on Application
<input type="checkbox"/>	Explanation to any “GAPS” in employment

**Forms that Need Completed and Returned with Above Documents**

<input type="checkbox"/>	Completed New Mexico application (HSC)
<input type="checkbox"/>	Specialty Specific Clinical Privilege Forms
<input type="checkbox"/>	Moderate Sedation Clinical Privilege Form
<input type="checkbox"/>	ICU Clinical Privilege Form
<input type="checkbox"/>	Acknowledgment of Receipt of Bylaws, R&R
<input type="checkbox"/>	Appointment/Reappointment Information Form
<input type="checkbox"/>	Appointment/Reappointment Status
<input type="checkbox"/>	Voluntary/Involuntary Relinquishment of Privileges
<input type="checkbox"/>	LAMC Release
<input type="checkbox"/>	Background Check Release Form
<input type="checkbox"/>	Statement of Release & Immunity Form
<input type="checkbox"/>	Health Status Statement
<input type="checkbox"/>	Medicare Attestation
<input type="checkbox"/>	Signature/Initial Form
<input type="checkbox"/>	Confidentiality & Security Agreement
<input type="checkbox"/>	Safety Information Acknowledgement Form
<input type="checkbox"/>	Patient Restraint Information Form
<input type="checkbox"/>	Attestation
<input type="checkbox"/>	Designation and Authorization for Release and Redisclosure of Information (HSC)
<input type="checkbox"/>	Statement of Continuing Medical Education (HSC)
<input type="checkbox"/>	Dictation Form

***RE-APPOINTMENT! Please use this as your checklist before returning items!***

<input type="checkbox"/>	Copy of current New Mexico Medical License
<input type="checkbox"/>	Copy of your current DEA Certificate with NM address on it - <b>1 Registration certificate required per state - 21 CFR Part 1301 [Docket No. DEA-244F] RIN 1117-AA89</b>
<input type="checkbox"/>	Copy of current NM Controlled Substance Registration (CSR) Certificate
<input type="checkbox"/>	Copy of current Board Certification Certificate(s)
<input type="checkbox"/>	Copy of current Insurance Certificate

<input type="checkbox"/>	Copy of current ACLS, ATLS, BCLS, PALS Certificates <i>(if applicable)</i>
<input type="checkbox"/>	Copy of <b>ALL</b> CME's <i>(previous two years totaling 50 with 25 in your specialty)</i>
<input type="checkbox"/>	Documentation of Immunity to Chickenpox <i>(titer)</i>
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<input type="checkbox"/>	Documentation of current TB skin test (x2) – (or latest negative CXR)
<input type="checkbox"/>	Explanation to any “YES” answers on Application

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<input type="checkbox"/>	Designation and Authorization for Release and Redisclosure of Information (HSC)
<input type="checkbox"/>	Statement of Continuing Medical Education (HSC)

Thank you. We look forward to working with you at Los Alamos Medical Center

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