

UW Medicine - Northwest Hospital & Medical Center
Seattle, Washington

Physician Supplement to Washington Practitioner Application

ACKNOWLEDGMENTS AND AGREEMENTS

Your signature below certifies your acknowledgment of and agreement to the following:

a. Continuing Obligation to Report

You will fully report all relevant information to Northwest Hospital as soon as practical in the event any of the events indicated in questions A 1 through D 5 on page 11 of the Washington Practitioner Application (i.e., if one of those questions must be answered "yes") after you have signed and dated this form while your application is pending and, if you are appointed to Medical Staff membership or granted privileges at this Hospital, while you have Medical Staff membership or privileges here.

b. You recognize that your appointment to membership on the Medical Staff of this Hospital and the granting of clinical privileges to you is dependent on professional competence and ethical practice in keeping with the qualifications, standards, and requirements set forth in the Medical Staff Bylaws and Rules and Regulations.

c. Additional Conditions of Continuing Medical Staff Membership and Clinic Privileges

You agree to maintain an ethical practice, to provide for continuous care of all your patients, and to abide by the Medical Staff Bylaws and Rules and Regulations of Northwest Hospital, and all laws, rules and regulations of applicable governmental entities.

YOU FULLY UNDERSTAND THAT ANY SIGNIFICANT MISSTATEMENTS IN OR OMISSIONS FROM THIS APPLICATION WILL CONSTITUTE CAUSE FOR DENIAL OF YOUR APPLICATION FOR APPOINTMENT, AND TERMINATION OF MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES. YOU HEREBY AFFIRM THAT THE INFORMATION FURNISHED BY YOU TO THE MEDICAL STAFF IS TRUE AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE.

Signature

Date

Name (Type or Print)

UW Medicine - Northwest Hospital & Medical Center
Seattle, Washington

Back-Up Call Coverage

Northwest Hospital Medical Staff Bylaws require documentation of Back-Up Call Coverage. Please note Back-Up Call Coverage may only be provided by Active, Courtesy and Provisional members of the Northwest Hospital Medical Staff with privileges in the same specialty. Please list those physicians who will be providing your Back-Up Call Coverage.

Physician Name:	Physician Name:
Physician Name:	Physician Name:
Physician Name:	Physician Name:
Physician Name:	Physician Name:
Physician Name:	Physician Name:

Signature

Date

Name (Type or Print)