

Yale-New Haven Hospital Applicant Checklist

Applicant Name: _____

(Applying To) Department: _____ Section: _____

Instructions: Please complete the checklist below. If Please make a copy of the checklist for your records.

Documents Required by YNHH Physician Services	Enclosed	To Follow
*Completed, signed dated, application.		N/A
*Non-refundable \$200 Application Fee made payable to Yale-New Haven Hospital		N/A
* Written statement explaining your reasons for requesting privileges and what contributions you expect to make to the clinical and teaching missions of the Hospital.		N/A
Copy of Curriculum Vitae		
Claim Suit Report (if you answered “yes” to question 16 on the Application)		
Copies of all current State licenses, including Connecticut		
Identity Verification (Notarized Copy of Passport and letter from Notary Public)		
Current malpractice insurance facesheet (Not required for YMG applicants)		
Current DEA		
Current CT State Narcotics Certificate		
**Controlled Substance (CT and DEA) Certificate Declaration		
*Appropriate Clinical Privilege Delineation Form		N/A
Supervising/Collaborating Physician Protocol		
Copy of applicable Current Certification Certificate (ANCC, NCCPA, ACNM, AANA, JCAHPO, LCC-ST)		
Immunization Form including evidence of PPD within the past 12 months		
Hepatitis B Vaccine Declination (if applicable)		
Completed Infection Control Test and Attestation Sheet		
Completed HIPAA Privacy & Security Post Test		
Medicare / CHAMPUS Declaration		
Conscious Sedation Self-Test and proof of Airway Management Training (if Conscious Sedation privileges are requested)		

*Must be submitted for processing to begin.

**Required if one or both DEA/CT State Narc are not submitted with your application.