



Dear Physician:

Thank you for your interest in Bayfront Health Brooksville and/or Bayfront Health Spring Hill. General membership standards have been established which assist our hospitals and medical staff in achieving an appropriately high standard of patient care. Our Medical Executive Committee, upon review of the completed application, will conduct further review of your credentials prior to making a recommendation to our Board of Directors.

**An applicant for medical staff membership must have the following minimum qualifications:**

1. Current, valid, unrestricted Florida License.
  2. Current, valid Florida and federal drug enforcement registration(s) (if required);
  3. Experience, education, training and judgment;
  4. Demonstrated clinical performance and current competence;
  5. Adherence to professional ethics and demonstrate conduct in accordance with the mission and philosophy of Hernando Healthcare;
  6. Ability to care for patients safely and effectively;
  7. Reasonable communication skills;
  8. Professional liability insurance of a type and in an amount established by the Board of Directors;
  9. Completion of an Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), American Podiatric Medical Association (APMA), or American Dental Association (ADA) approved residency;
  10. Board certification by the appropriate specialty board of the American Board of Medical Specialties, The College of Family Physicians of Canada, American Osteopathic Association, The American Podiatric Association, The Royal College of Physicians & Surgeons of Canada or the American Dental Association;
  11. For those having recently completed residency or fellowship program, admissibility to take the appropriate certification examination and subsequent certification within six (6) years of residency or fellowship training; except for General Practitioners or such requirement is waived by the Board in consideration of the extraordinary competence and experience of a particular practitioner;
  12. Ability to work harmoniously with others so that all patients treated by them will receive quality care and the Hospital and its Medical Staff will be able to operate in an orderly manner; and
  13. Are located in sufficient proximity to the Hospital to be able to provide continuity of quality care to their patients at the Hospital.
- \*Time and distance requirements may be further defined within the Rules and Regulations.

\*Please be advised that physicians applying for any of the following specialties will be expected to respond within thirty (30) minutes from the time the physician's presence is requested til the time he/she arrives in the Emergency Department or Hospital. If you are applying for any of the following specialties, please provide a written verification that you can meet the response time requirement from your office and residence.

Internal Medicine  
Vascular Surgery  
General Surgery  
Gynecology

Gastroenterology  
Nephrology  
Cardiology  
Obstetrics

Urology  
Pulmonary  
Neurology

Maxillo Trauma & ENT/Facial Plastics  
Pediatrics  
Orthopedics

Please complete the enclosed form and return it to the Medical Staff Office in the attached self-addressed envelope at your earliest convenience. This information will be verified and, if qualified, you will be sent an application for medical staff membership, and a request for a nonrefundable \$350.00 application fee.

If I can be of further assistance, please do not hesitate to contact me.

**Andrea Stone**

Director of Medical Staff Services  
Hernando Healthcare  
Bayfront Health Brooksville & Spring

Bayfront Health Brooksville  
352/796-5111  
P.O. Box 37  
Brooksville, FL 34601

[www.bayfront.com](http://www.bayfront.com)  
P.O. Box 37 • Brooksville, FL 34605-0037

Bayfront Health Spring Hill  
352/688-8200  
10461 Quality Drive  
Spring Hill, FL 34609



**PRE-APPLICATION**

Medical Staff Office  
P.O. Box 37  
Brooksville, FL 34601-0037  
(352) 544-6006 (Voice)  
(352) 797-9519 (Fax)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please provide the following information:**

- A. In Chronological order, list all hospitals where you have held clinical privileges during the past 5 years:

	Hospital Name	Complete Hospital Address
1.	_____	_____ _____ _____
2.	_____	_____ _____ _____
3.	_____	_____ _____ _____

- B. Attention Specialist: **Please attach a copy of your certificate from your specialty board or a copy of your card or letter indicating your admissibility to take the board examination.** For those having recently completed residency or fellowship program, admissibility to take the appropriate certification examination and subsequent certification within six (6) years of residency or fellowship training is required; except for General Practitioners of such requirement is waived by the Board in consideration of extraordinary competence and experience of a particular practitioner. **Specialty:** \_\_\_\_\_

- C. **Please attach a recent Curriculum Vitae, copies of your current Florida medical license, current DEA certificate, certificate of professional liability insurance showing the limits of coverage and expiration date.**

- D. Do you have, or plan to establish an office within a reasonable distance of the hospital to allow continuous care for hospitalized patients? ☐ YES ☐ NO

Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request an application form for the medical staff of Bayfront Health Brooksville Hospital Campus and Bayfront Health Spring Hill Hospital Campus.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_