



Dear Health Professional:

Thank you for your interest in Bayfront Health Brooksville Hospital and/or Bayfront Health Spring Hill Hospital. 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 Bayfront Health;
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 American Podiatric Medical Association (APMA), or American Dental Association (ADA) approved residency; or education and/or training requirements commensurate with the requested clinical privileges;
10. Pledge to provide continuous quality patient care for her/his patients if granted clinical privileges/scope of practice

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 allied health professional staff membership, and a request for a nonrefundable \$150.00 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 Hospitals

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



**ALLIED HEALTH PROFESSIONAL**  
**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:

	<b>Hospital Name</b>	<b>Complete Hospital Address</b>
1.	_____	_____ _____ _____
2.	_____	_____ _____ _____
3.	_____	_____ _____ _____

**B.** Please attach a copy of your current Florida medical license and, if applicable, a copy of your protocol filed with Department of Health

**C.** Please attach a recent Curriculum Vitae and a copy of your certificate of professional liability insurance showing the limits of coverage and expiration date.

**D. Supervising Physician(s):** The physician whom accepts full legal and ethical responsibility for the HP's performance of duties and acts authorized for him/her while under my supervision. (By supervision it is meant that the physician must either be physically present or immediately available by phone so that should the individual experience problems or have questions, the physician will be able to respond to these inquiries.)

Please list: \_\_\_\_\_

I request an application form for the Allied Health Professional Staff of Bayfront Health Brooksville Hospital Campus and Bayfront Health Spring Hill Hospital Campus.

**Signature:**

**Date:**

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