

## Request for a Medical and Dental Staff Subsidy for Medical Staff Membership

Medical Staff Policies & Procedures	
<b>Document Owner:</b> Medical and Dental Staff of JSUMC	<b>Date Approved by MEC:</b> 2/12/2019
<b>Author:</b> Linda Paneque	<b>Date Last Updated:</b>

I. **PURPOSE:** To provide an opportunity for potential members of the Medical, Dental and Allied Health Professional Staffs to request a Medical and Dental Staff subsidy for the application and or processing fees involved in the initial credentialing

II. **POLICY:**

1. Whenever a Department Chair is approached about a request for a subsidy for medical, dental or AHP staff membership, he/she shall make this request to the Officers of the Medical and Dental Staff in writing using the attached form (Appendix A).
2. The completed form should be forwarded to the Medical Staff Office and the Medical And Dental Staff President
3. The Medical and Dental Staff President will review the request with the other officers of the Medical and Dental Staff and complete the bottom portion of Appendix A.
4. The completed form will then be forwarded back to the Department Chair and a copy shall be sent to the Medical Staff Office
5. One of the following criteria must be met:
  - a. An applicant with the sole intent of teaching in the School of Medicine or residency or fellowship programs
  - b. An applicant who will provide services in indigent care clinics
  - c. Other meritorious activity contributing to the mission of the JSUMC Medical and Dental Staff and the community we serve

**APPENDIX A**

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Request for a Medical and Dental Staff Subsidy for Medical Staff Membership

Name of Person Submitting the Request: \_\_\_\_\_

Title of person submitting the request: \_\_\_\_\_

Please explain what you are requesting and the reason why (be very specific)

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

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To be completed by the Medical and Dental Staff President

The Officers of the Medical and Dental Staff met on \_\_\_\_\_ to consider the above request.

After review of all submitted materials, the Officers concluded the following:

The above request has been approved for a subsidy in the amount of \$ \_\_\_\_\_

The above request does not meet criteria has not been approved for any subsidy to the membership and processing fees

\_\_\_\_\_  
Signature – Medical and Dental Staff President (or designee)

\_\_\_\_\_  
Date