Submit by Email | Print Form

Application for Membership to the Executive Committee of the Medical & Dental Staff Navy Medicine Support Command Jacksonville, Florida

Date of Application:	**Date Received:**	
Applicant Name:		
Rank:	**Corps:**	**Design:**
Medical Specialty (ies):		
Date of Birth:	**Total Years Service:**	
Daytime Phone Number:	**Email address:**	
Mailing Address:	*Please attach a current curriculum vitae to this application for consideration. Completed application and current CV should be emailed to: ccpd@med.navy.mil or faxed to (904) 542-6727 – ATTN: Head, CCPD – ECOMS Application*	

Professional Board/Agency Certification(s):

Board/Agency	Issued	Expires
1.		
2.		
3.		

Current Medical/Dental Staff Positions: For each position held, provide facility/institution name, city, state and your time in the position.

Facility Name	City, State	Amount of time in position	Chief of Staff	Department Head/Chair

For the following please circle "C" for Chair or "M" for Member to indicate experience on all committees which apply.

Executive Committee: C or M

Credentials/Peer Review Committee: C or M

QA/QI/PI Committee: C or M

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PRIVACY ACT STATEMENT:
Authority: 10 U.S.C Chapter 55 and Section 8067 and 8013 and EO 9397.
Purpose: To evaluate each practitioner's/provider's formal education, training, clinical experience, and evidence of physical, moral, and ethical capacities and to assist the credentials function in making recommendations with regard to the practitioner's competence to treat certain medical procedures and to determine competence for clinical support staff providers.
Routine Use: Information may be released to government boards or agencies or professional societies or organizations if needed to license or monitor professional standards of health care practitioners/providers. It may also be released to civilian medical institutions or organizations where the practitioner is applying for staff privileges during or after separations from the service or applying for employment with regards to clinical support staff providers.
Disclosure is voluntary: However, failure to provide information may result in the limitation or termination of clinical privileges.

ECOM/DS Application ICO: (Name and Rank)				
Past Medical/Dental Staff Appointments: For each position held, provide facility/institution name, city, state and your time in the position.				
Facility Name	**City, State**	**Amount of time in position**	**Chief of Staff**	**Department Head**

Other Information:	**YES**	**NO**	**Date Completed:**	
Navy Trained Flight Surgeon?				
Navy Trained Undersea Medical Officer?				
	YES	**NO**	**From**	**To**
Have you ever served as a Clinical Faculty Member?				
Have you ever served as a Professional School Liaison Officer?				
Have you ever served as a Reserve Specialty Leader?				
Have you ever served as a National Billet Holder?				
Have you ever served as a REDCOM Staff Officer?				
Have you ever served as a Unit (OHSU) or Operational Senior Medical Executive or Senior Nurse Executive? If YES, list below in Comments.				
Have you ever served as a Unit (OHSU or Operational Commanding Officer/Executive Officer/OIC? If YES, list below in Comments.				
Do you have any other additional qualifications? If yes, please provide comments below:				
Additional Comments:				

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INTERNAL DOCUMENT FOR USE BY NMSC ONLY)

ECOM/DS Application Review Worksheet
(Award one point for each category)

Applicant Name:			
	YES	**NO**	**Professional Board/Agency Cert Type(s):**
Professional Board/Agency Certification(s)			
Current or Past Staff Position(s)			
Chief of Staff			
Department Head/Chair			
Executive Committee Chair			
QA/QI/PI Committee			
QA/QA/PI Committee Member			

OTHER INFORMATION (AWARD 1 POINT FOR EACH POSITION)	**YES**
Flight Surgery privileged?	
Undersea Medicine privileged?	
Clinical Faculty Member?	
Professional School Liaison?	
Reserve Specialty Leader?	
National Billet Holder?	
REDCOM Staff Officer?	
UNIT Senior Medical Executive or Senior Nursing Executive?	
UNIT CO/XO/OIC?	
Other information/additional comments:	

Cumulative Total Points:	

Name of Reviewing Committee Member	**Signature of Committee Member**

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