

**Approved Changes to SGMC Credentials Manual as of 6/18/2025
Cred-6/2/2025; MEC-6/9/2025; Board 6/18/2025**

**Strikethrough = Proposed deletion
Red Highlight = Proposed changes**

Article II – Conditions and Duration of Appointment	Old Wording	Proposed Changes	Page Number in Credentials Manual
2.6: Application for Appointment	Every application for staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgment of every Member's obligations to provide continuous care and supervision of his or her patients, to abide by the Bylaws, to accept committee assignments, to accept consultation and Medical Staff assignments, to participate in staffing the emergency service area and other special care units, to be loyal to the Hospital, to work harmoniously and respectfully with the Medical Staff, Hospital employees and staff, and Hospital administration, and to cooperate with the Hospital's administration in carrying out its functions. The Medical Staff	Every application for staff appointment shall be signed by the applicant (Practitioners signatures are valid for 120 days, after which forms will have to be re-signed) and shall contain the applicant's specific acknowledgment of every Member's obligations to provide continuous care and supervision of his or her patients, to abide by the Bylaws, to accept committee assignments, to accept consultation and Medical Staff assignments, to participate in staffing the emergency service area and other special care units, to be loyal to the Hospital, to work harmoniously and respectfully with the Medical Staff, Hospital employees and staff, and Hospital administration, and to cooperate with the Hospital's administration in carrying out its functions. The Medical Staff Office will inform the applicant via e-mail and/or phone when credentialing information obtained from other sources varies substantially from that provided by the practitioner. If, during the credentialing process, information is	P. 6

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	<p>Office will inform the applicant via e-mail and/or phone when credentialing information obtained from other sources varies substantially from that provided by the practitioner. If, during the credentialing process, information is received that is different than what the applicant originally submitted, the practitioner has the right to review and correct the information. The Medical Staff Coordinator shall notify the practitioner, in writing. The practitioner shall have five (5) business days to respond, in writing, with a response. This information shall be included in the file and provided to the Section and/or Department Chair when the file is ready for review.</p>	<p>received that is different than what the applicant originally submitted, the practitioner has the right to review and correct the information. The Medical Staff Coordinator shall notify the practitioner, in writing. The practitioner shall have five (5) business days to respond, in writing, with a response. This information shall be included in the file and provided to the Section and/or Department Chair when the file is ready for review.</p>	
2.15: Board Certification Status	Effective April 28, 2010, all Dentists coming on staff must be board certified by the	Effective April 28, 2010, all Dentists coming on staff must be board certified by the American Board of Pediatric Dentistry in their sub-	P.7

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	<p>American Board of Pediatric Dentistry in their sub-specialty within 5 years of fellowship completion in order to practice that sub-specialty in this institution. If a board certification is not available for their sub-specialty (i.e. General Dentistry), this rule does not apply.</p> <p>Failure to achieve certification within the 5-year grace period will result in automatic termination of medical staff membership and clinical privileges at reappointment anniversary. Neurosurgeons have a grace period of 6 years as per their board requirement. This termination is not reportable to the National Practitioner Data Bank.</p>	<p>specialty within 5 years of fellowship completion in order to practice that sub-specialty in this institution. If a board certification is not available for their sub-specialty (i.e. General Dentistry), this rule does not apply.</p> <p>Failure to achieve certification within the 5-year grace period will result in automatic termination of medical staff membership and clinical privileges at reappointment anniversary. Neurosurgeons have a grace period of 6 years as per their board requirement, and Podiatrists have a grace period of 7 years. This termination is not reportable to the National Practitioner Data Bank.</p>	
<p>Article III – Determination and Change in Status or Clinical Privileges</p>	<p>Old Wording</p>	<p>Proposed Changes</p>	<p>Page Number in Credentials Manual</p>

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3.2: Change in Staff Category, Clinical Privileges, and Clinical Department or Section			
3.2-2: Request for Change in or Additional Clinical Privileges	A change in clinical privileges may be requested in writing by the Member or recommended by the appropriate departments at any time. In order to obtain additional privileges, any Member shall make written request indicating any privileges requested and indicating the justification therefore including any supporting documentation for the requested privileges. Such application or recommendation shall be processed as if it were an initial application. A National Practitioner Data Bank report will be obtained for any Member requesting additional privilege.	A change in clinical privileges may be requested in writing by the Member or recommended by the appropriate departments at any time. In order to obtain additional privileges, any Member shall make written request indicating any privileges requested and indicating the justification therefore including any supporting documentation for the requested privileges. Such application or recommendation shall be processed as if it were an initial application. A National Practitioner Data Bank report will be obtained for any Member requesting additional privilege. Request for additional privileges by Practitioners who have not worked clinically over a period of time will be considered on a case-by-case basis. If necessary, a proctoring plan will be developed.	P.12
Article V – Proctoring and Mentoring	Old Wording	Proposed Changes	Page Number in

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			Credentials Manual
5.1: Proctoring			
B.	<p>Only those individuals already admitted to the Medical Staff are appropriately the subject of proctoring. Proctoring may only be done by well-qualified practitioners who are in the same specialty as the proctored Member and who hold clinical privileges in the proctored procedure or area. It is preferable that the proctor be a Medical Staff Member, although if an appropriately qualified Medical Staff Member is not available, an appropriately qualified non-Member with appropriate privileges at another hospital may serve. Insofar as practicable, the proctor should be free of actual or perceived conflicts of interest with or bias (whether in favor of or against) the proctored</p>	<p>Only those individuals already admitted to the Medical Staff are appropriately the subject of proctoring. Proctoring may only be done by well-qualified practitioners who are in the same specialty as the proctored Member and who hold clinical privileges in the proctored procedure or area. It is preferable that the proctor be a Medical Staff Member, although if an appropriately qualified Medical Staff Member is not available, an appropriately qualified non-Member with appropriate privileges at another hospital may serve. Insofar as practicable, the proctor should be free of actual or perceived conflicts of interest with or bias (whether in favor of or against) the proctored practitioner. The member to be proctored for new clinical privileges must submit a written request along with a current CV for the proctor. The proctor's Maryland State license will be verified and a current or new CQ NPDB report will be utilized prior to proctoring.</p>	P.13

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	practitioner. The member to be proctored for new clinical privileges must submit a written request along with a current CV for the proctor. The proctor’s Maryland State license will be verified and a current NPDB report will be run prior to proctoring.		
Appendix B	Old Wording	Proposed Changes	Page Number in Credentials Manual
Allied Health Professionals	Appendix B will be completely deleted with the exception of the wording noted under proposed changes	<p>Wording moved to Bylaws SGMC Article VII – Corrective Action</p> <p><u>Procedural Rights for Allied Advanced Practice Professionals</u></p> <p>Allied Advanced Practice Professionals Health Professionals are entitled to an appeal process. Each practitioner may be subject to discipline and remedial action, and his or her privilege to provide selected clinical services may be denied, restricted, reduced, suspended or revoked. In the event an action is taken that is adverse to</p>	PP. 17 - 22

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		<p>the practitioner as defined below, the practitioner may request an appeal consistent with this policy.</p> <p><u>Appeal of Adverse Action</u></p> <p>A. The following recommendations or actions shall, if deemed adverse as noted below, entitle the practitioner to an appeal under timely and proper request:</p> <ul style="list-style-type: none">• Denial or restriction of requested clinical privileges• Reduction of clinical privileges• Suspension of clinical privileges• Revocation of clinical privileges <p>B. A recommendation or action listed above in section 'A' is adverse only when it has been:</p> <ul style="list-style-type: none">• recommended by the Medical Executive Committee to the Governing Board approved by the Governing Board <p>C. The Vice President of Quality and</p>	
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		<p>Medical Staff Services shall promptly give the practitioner special notice of an adverse recommendation or action taken pursuant to section 'B' above. The notice shall do the following:</p> <ul style="list-style-type: none">• Advise the practitioner of the recommendation or action and of his or her right to request an appeal pursuant to the provisions of this policy• Specify that the practitioner has thirty (30) days after receiving the notice within which to submit a request for an appeal• Indicate that the right to appeal may be forfeited if the practitioner fails, without good cause, to appear at the scheduled appeal• State that as part of the appeal the practitioner involved has the right to receive an explanation of the decision made and to submit any additional information the practitioner deems relevant to the review and appeal of this decision• State that upon completion of the appeal, the practitioner involved has	
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		<p>the right to receive a written decision of the hospital, including a statement of the basis of the decision</p> <p>D. The practitioner has thirty (30) days after receiving notice under section 'C' to file a request for an appeal. The request must be delivered to the Director of Medical Staff Services and Hospital President either in person or by certified or registered mail.</p> <p>E. A practitioner who fails to request an appeal within the time, and in the manner specified in section 'D', waives his or her right to an appeal to which he or she might otherwise have been entitled.</p> <p>F. When a practitioner requests an appeal, the appeal shall consist of a single meeting attended by the practitioner, the Hospital President or designee and the President of the Medical Staff or designee. During this meeting, the basis of the decision adverse to the practitioner which gave rise to the appeal will be reviewed with</p>	
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		<p>the practitioner, and the practitioner will have the opportunity to present any additional information the practitioner deems relevant to the review and appeal of the decision. Following this meeting, the Hospital President or designee and the President of the Medical Staff or designee will make a recommendation to the Board, which will then determine whether the adverse decision will stand, be modified, or be reversed. The practitioner will receive a written decision of the hospital stating the result of the appeal and the basis of the decision.</p> <p>G. The appeal process will be the sole remedy available to a practitioner who qualifies for this appeal who experiences an adverse decision in section 'B' above.</p> <p>H. Nothing in this policy shall be deemed to deny a practitioner the right to engage or be advised by legal counsel. However, participation by legal counsel at the appeal meeting shall be at the</p>	
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		<p align="center">sole discretion of the hospital.</p> <p><u>Automatic Termination of Privileges</u> A physician who has privileges—of at Shady Grove Medical Center may apply on behalf of the allied advanced practice professional health professionals (APP) HP for APP AHP privileges. Such AHP APP privileges shall be contingent upon the supervising/sponsoring physician's privileges. When a physician loses privileges or resigns, the APP AHPs whom he or she has supervised/sponsored automatically lose their privileges. They are not entitled to fair hearing procedures enumerated in the medical staff bylaws, collective bargaining agreements, or elsewhere. Additionally, employed APPs AHPs who have their employment terminated will automatically have their privileges terminated. This termination will be reported to the National Practitioner Data Bank and the respective Maryland Board.</p> <p><u>No Entitlement to Medical Staff Appointment:</u></p>	
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		Individuals applying to serve as Allied Health Advanced Practice Professionals are not eligible for appointment to the Medical Staff of Shady Grove Medical Center, nor entitled to the rights, privileges, and/or prerogatives relevant to Medical Staff appointment.	
Appendix G	Old Wording	Proposed Changes	Page Number in Credentials Manual
Primary Source Verifications	NTIS (DEA with Maryland address)	NTIS (DEA with Maryland address, including active-duty military (Same change throughout Appendix G for all specialties where applicable).	PP 57 - 60
Notes	** SAMS, Maryland Medicaid Exclusion, Medicare Exclusions, All Other Fraudulent Activities – To be performed for every provider (according to NCQA guidelines) on monthly basis by the Adventist HealthCare	** SAMS, Maryland Medicaid Exclusion, Medicare Exclusions, All Other Fraudulent Activities – To be performed for every provider (according to NCQA guidelines) on monthly basis by the Adventist HealthCare corporate organizational compliance office. Monthly opt-out and exclusion reports are reviewed, and action taken as	P. 60

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	corporate organizational compliance office.	necessary at relevant Medical Staff meetings.	
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