

18. consent to the hospital's inspection of all records and documents that may be material to an evaluation of his professional qualifications for the clinical privileges he requests as well as his moral and ethical qualifications for staff membership.
19. release from any liability, to the fullest extent permitted by law, all persons for their acts performed in connection with the investigation and evaluation of the applicant and his credentials.
20. release from any liability, to the fullest extent permitted by law, all individuals and organizations who provide information regarding the applicant, including otherwise confidential information.
21. consent to the disclosure to other health care entities, medical associations, licensing boards, and other organizations any information regarding his professional or ethical standing that the hospital or medical staff may have, and release the medical staff and hospital from liability to the fullest extent permitted by law.
22. comply with medical staff policies, rules and regulations.
23. comply with the requirement that a medical history and physical examination be completed no more than 30 days before or 24 hours after admission for each patient by a physician, or other qualified individual. This history and physical must be placed in the patient's medical record within 24 hours after admission. When the history and physical are completed within 30 days before admission, the admitting physician shall ensure that an updated medical record entry documenting an examination for any changes in the patient's condition is completed. This updated examination must be completed and documented in the patient's medical record within 24 hours after admission.
25. attempt to secure autopsies in all cases of unusual deaths and of medical-legal and educational interest, in accordance with Hospital policy.

SECTION 4 - CONDITIONS AND DURATION OF APPOINTMENT AND REAPPOINTMENT

Initial appointment and reappointments to the medical staff shall be made by the governing body upon a recommendation from the MEC, and shall be for a period up to, but not to exceed two (2) years. However, in the event of unusual delay or inappropriate recommendation on the part of the MEC, the governing body may act without or contrary to such recommendation on the basis of documented evidence of the applicant's or member's professional and ethical qualifications, obtained from reliable sources but shall give great weight to the recommendation, if any, of the MEC. Prior to taking such action, however, the governing body shall notify the MEC of its intent and shall designate an action date prior to which the MEC may still fulfill its responsibility. Peer input shall be obtained and considered for all applicants for appointment and reappointment. The individual performance profile may serve as the peer input regarding performance required at the time of reappointment.

SECTION 5 - PROCEDURE FOR APPOINTMENT

- A-1: Adventist HealthCare, Inc. ("AHC"), and its subsidiaries and related entities, use a common credentialing verification system. By submitting an application for Medical Staff membership and/or clinical privileges, all applicants, Members and Allied Health Professionals consent to their credentialing information being entered into this system, which will cause their credentialing information to be shared among all AHC entities, including but not limited to Shady Grove Adventist Hospital, Washington Adventist Hospital, Adventist Rehabilitation Hospital, and Adventist Behavioral Health. Verification of credentials may be conducted through this common system, although privileges at each facility will be determined by that facility.
- A-2. Pre-screening. Upon receipt of a request for an application, the applicant shall be pre-screened by the medical staff office before being sent an initial application. The applicant will be asked to supply documentation of the following threshold requirements:

1. Current, unrestricted license to practice in this state.
2. Current, unrestricted DEA registration and registration with the Maryland CDS.
3. Professional liability insurance which must be of the type, in the amounts of at least \$1 million/\$3 million, and with a carrier approved by the governing body.
4. Geographic location of office and residence

If the applicant meets all of these requirements, he shall be provided with an application. Failure to meet the above threshold requirements shall not be considered an adverse action, and the applicant shall not be entitled to any hearing and appeal rights under these bylaws. Such action will not result in the filing of report with the state licensing board nor with the National Practitioner Data Bank.

- B. Application for Initial Appointment. Each application for appointment to the medical staff shall be in writing, submitted on the prescribed form, and signed by the applicant. When an applicant is provided an application, he shall also be given access to a copy of these bylaws, the medical staff and rules and regulations, and applicable hospital policies.

- C. Applicant's Responsibility. ~~The applicant shall have the burden of producing adequate information for a proper evaluation of his competence, character, skill, ethics, health status (subject to necessary reasonable accommodation to the extent required by law), ability to work with others, and other qualifications. Neither the governing body nor any medical staff committee shall have any obligation to review any application until the applicant completes it in all respects and submits all required information and supporting material. The applicant shall provide accurate, up to date information on the application. The applicant shall be responsible for resolving any doubts regarding the application and qualifications for membership and all privileges requested. The applicant agrees to report immediately to the administrator any change in the information which occurs after an application has been submitted. Any committee or its designee may request the applicant to appear for an interview with regard to the application. Failure to comply with any of these provisions, including failure to appear for any requested interview, may result in the application being deemed incomplete, or in the denial of membership or privileges, or may subject the practitioner to disciplinary action.~~

Burden of Producing Information

In connection with all applications for appointment, reappointment, advancement or transfer, the applicant shall have the burden of producing information for an adequate evaluation of his or her qualifications and suitability for the clinical privileges and Medical Staff category requested, of resolving any doubts about these matters, and of satisfying requests for information. The applicant's failure to sustain this burden shall be grounds for withdrawal of the application. This burden may include submission to a medical or psychiatric examination, at the applicant's expense, if deemed appropriate by the Credentials Committee or Executive Committee, which may select the examining physician.

The information shall include, but not be limited to:

1. identifying information.
2. undergraduate education.
3. postgraduate education and professional degrees (need source verification).
4. internship (need source verification).
5. residency/fellowship (need source verification).
6. all past and present hospital and other health care entity affiliations (need source verification).
7. memberships in professional associations, societies, academies, colleges, and faculty/training appointments (need source verification).
8. specialty board certification status (need source verification).
9. state licensure(s) with expiration date(s) (need source verification).

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10. Drug Enforcement Administration (DEA) and Maryland CDS registration with expiration date (need source verification).
11. professional references consisting of three references from persons other than family or affiliated by marriage who must have personal knowledge of the applicant's recent professional performance, ethical character, current competence, health status (subject to any necessary reasonable accommodation to the extent required by law), and the ability to work cooperatively with others.
12. previous practice data.
13. continuing medical education for the past two years.
14. professional liability insurance, including carrier, amount, type, and dates of coverage (need source verification) and past and present professional liability history.
15. responses to questions on the application concerning the applicant's licensing, privilege, malpractice, professional, criminal and federal payor sanction history.

The medical staff and governing body shall inquire, to the extent and in a manner permitted by law, into the physical and mental health status of the applicant so as to determine the practitioners qualifications to render the privileges requested.

16. a request for staff membership category
17. clinical privileges desired.
18. a specific signed consent for immunity and release from liability for all individuals involved in and performing the credentialing and peer review functions.
19. a small photo for identification purposes only.
20. a signed and dated confidentiality statement.

- D. Submission of the Application. The application shall be submitted through the administrator to the medical staff office for the purpose of having all information verified. The hospital shall query the National Practitioner Data Bank (NPDB) and applicable state licensing board, if required, in compliance with existing laws and hospital policy, for all practitioners who are applying for privileges or membership. The applicant must immediately report to the medical staff office any change in the information in the application that occurs after the application has been submitted.
- E. Significant Misrepresentations or Omissions. If an applicant supplies information in the application process that contains significant misrepresentations or omissions, this may be grounds for denial of the application, or if membership or privileges have been granted, for corrective action under these bylaws.
- F. Incomplete Application/Further Information/Application Withdrawn From Processing. Any committee or individual charged under these bylaws with the responsibility of reviewing an application for appointment, reappointment, or new clinical privileges, may, upon review of the application, deem any such application incomplete. The fact that an application is deemed complete by the medical staff office or a department or committee does not preclude the medical staff office or a committee or department which subsequently reviews the application from deeming it incomplete. If an application is deemed incomplete, it will not be processed. The individual or committee that deems an application incomplete shall request further documentation or clarification from the applicant. Such committee or individual requesting further documentation or clarification shall notify the applicant in writing and shall afford the applicant a set period of time to provide the requested information and clarification. Such period of time shall be as deemed appropriate by the individual or committee requesting the information, but shall not exceed sixty (60) calendar days from receipt of the request to provide the requested information. Failure of an applicant to timely produce all of the requested information, documentation and clarification shall result in the application being deemed incomplete and voluntarily withdrawn. Such action will not result in the filing of a report with

the applicable state licensing agency nor with the National Practitioner Data Bank. Any subsequent application submitted by this practitioner shall be processed as an initial application under these bylaws. Notwithstanding any other provision of these bylaws, any practitioner whose application is discontinued from processing pursuant to this section, shall not be entitled to the hearing and appeal rights under these bylaws.

- G. Credentials Committee Review. Within ninety (90) days of receipt of the application and recommendation of the departments(s), the Credentials Committee shall make a written recommendation to the MEC as to membership, and, if membership is recommended, as to staff category, privilege delineation and any conditions attached to the appointment.
- H. MEC Review and Recommendation. At its next regular meeting after receipt of the recommendations of the Credentials Committee, the MEC shall submit its written recommendation to the governing body relating to membership, and if appointment is recommended, to staff category, clinical privileges, and any special requirements or conditions. The recommendation shall be based on the review of all available information. The MEC may take action by recommending that the governing body either: (a) defer making a recommendation, (b) appoint the applicant to a medical staff category in provisional status and clinical privileges, or (c) reject the applicant's request for membership and/or privileges.
1. The MEC may defer action on a complete application for a period not to exceed forty-five (45) days except for good cause.
 2. When the recommendation of the MEC is favorable to the applicant, the administrator will forward it, together with all supporting documentation, to the governing body for consideration at its next scheduled meeting.
 3. When the recommendation of the MEC is adverse to the applicant, the administrator shall so inform the applicant within 10 working days advising him of his hearing and appeal rights under these bylaws.
 4. Notice of an adverse recommendation shall be forwarded to the governing body for its information, but shall not be acted upon until after the affected individual has exercised or waived the right to a hearing and appeal under these bylaws.
- I. Action by the Governing Body.
1. Unless subject to the provisions of Article VII of these bylaws, the governing body or its duly authorized committee shall act on the matter at its next regular meeting following receipt of the recommendation of the MEC.
 - (a) If the governing body adopts the recommendation of the MEC, it shall become the final action of the hospital.
 - (b) If the governing body does not adopt the recommendation of the MEC, the governing body may refer the matter back to the MEC with instructions for further review and recommendation and a time frame for responding to the governing body. The MEC shall review the matter and shall forward its recommendation to the governing body. If the governing body adopts the recommendation of the MEC, it shall become the final action of the hospital.
 - (c) If the action of the governing body is adverse to the applicant, the administrator shall send written notice to the applicant within 10 working days advising the applicant if he is entitled to the hearing and appeal rights under these bylaws.
 - (d) An adverse decision of the governing body shall not become final until the applicant has exercised or waived his hearing and appeal rights under these bylaws. The fact that such adverse decision is not yet final shall not be deemed to confer membership or privileges when none existed before.
 2. At its next regular meeting, after all of the affected individual's hearing and appeal rights under these bylaws have been exhausted or waived, the governing body shall take final action. All

decisions to appoint shall include a delineation of clinical privileges, staff category and any applicable conditions and the applicant shall be so notified.

- 3 Subject to any applicable provisions of Article VII, notice of the governing body's final decision shall be given in writing through the administrator to the applicant within 10 working days of the final decision. The President of Medical Staff shall give notice to the MEC, and the Credentials Committee. In the event a hearing and/or appeal was held, Article VII, Section 6F shall govern notice of the governing body's final decision.

- J. Provisional Status. All initial appointments to any category of the medical staff shall be provisional for the first 12 months. Each provisional appointee shall be proctored by one or more appropriate member(s). The care observed shall be relevant to the privileges granted. The purpose of observation is to determine the individual's eligibility for advancement from provisional status and for exercising the clinical privileges provisionally granted. The proctor shall complete a proctoring report with comments on the appointee's performance. At the end of the provisional period the appointee must qualify for and be advanced to nonprovisional status, or be extended on provisional status for an additional period not to exceed 12 months, at the end of which time he will be reevaluated for advancement. No member may be on provisional status for a total period longer than 24 months.
- K. Previously Denied or Terminated Applicants. Notwithstanding any other provision of these bylaws, if an application is tendered by an applicant who has been previously denied membership and/or privileges, or who has had membership and/or privileges terminated, or whose prior application was deemed incomplete and withdrawn, and it appears that the application is based on substantially the same information as when previously denied, terminated, or deemed withdrawn, then the application shall be deemed insufficient by the Credentials Committee and returned to the applicant as unacceptable for processing. No such application shall be processed, and no right of hearing or appeal shall be available in connection with the return of such application.

SECTION 6 - THE REAPPOINTMENT PROCESS

- A-1: Adventist HealthCare, Inc. ("AHC"), and its subsidiaries and related entities, use a common credentialing verification system. By submitting an application for Medical Staff membership and/or clinical privileges, all applicants, Members and Allied Health Professionals consent to their credentialing information being entered into this system, which will cause their credentialing information to be shared among all AHC entities, including but not limited to Shady Grove Adventist Hospital, Washington Adventist Hospital, Adventist Rehabilitation Hospital, and Adventist Behavioral Health. Verification of credentials may be conducted through this common system, although privileges at each facility will be determined by that facility.

- A-2. Application. ~~At least one hundred and twenty (120) days prior to the final scheduled governing body meeting in the medical staff term, the medical staff office shall provide each member with an approved "Application for Reappointment" form which must be completed and returned within thirty (30) days to the medical staff office for review. Information to be available for review shall include at least:~~

At least 90 days prior to the expiration date of the present Medical Staff appointment of each Member, the Medical Staff Services Department shall provide such Member with an application for reappointment to the Medical Staff. The completed application, supporting documents and payment for the processing fee should be returned to the Medical Staff Coordinator within 30 days. A reminder e-mail will be sent to the member if their reappointment application is not received within 45 days of the date of e-mailing of their application. The member will be charged a late filing fee of \$300 and their privileges may be suspended until final Board approval of their reappointment if the review and approval process is not complete by the end of their medical staff term. If a member does not wish to renew their reappointment application, they may submit a letter of voluntary resignation stating the reason and effective date of their resignation. If a member does not return their reappointment application by the end of their medical staff term, their membership and privileges will be recommended as a voluntary resignation.

Data requested on this application will include, but not be limited to: professional qualifications and standing, physical and mental health status, and proof of current clinical competence. When insufficient practitioner-specific data are available, the medical staff obtains and evaluates peer recommendations.

All Medical Staff reappointment applications must be returned to the Medical Staff Coordinator prior to the expiration of that Member's Medical Staff Term.

- 1 objective evidence of the individual's clinical competence based on peer review activities.
 - 2 evidence of the individual's support of the medical staff and hospital (e.g., medical record deficiency/delinquency status, meeting attendance, committee service, satisfaction of minimum patient care requirements to maintain staff category, compliance with the bylaws, rules and regulations, and applicable hospital policies).
 - 3 any request or recommendation for change in staff category, clinical privileges, citing the reasons and supporting information.
 - 4 evidence of consideration of the staff member's health status (subject to necessary reasonable accommodation to the extent required by law).
 - 5 information regarding any sanctions imposed by another health care facility, professional organization, or licensing authority.
 - 6 malpractice claims experience since the last reappraisal, including at a minimum, final judgments and settlements against the applicant, identifying the case name, court, date of loss, date of disposition, amount paid in judgment or settlement and a description of the case.
 - 7 evidence of current licensure, DEA, and CDS registration and any pending investigations or complaints regarding same.
 - 8 evidence of professional liability coverage (carrier, type, policy number, amount, expiration date) and any limitations.
 - 9 information regarding previously successful or currently pending challenges to any licensure or registration (DEA) or the voluntary relinquishment of such licensure or registration.
 - 10 information regarding investigation, the voluntary or involuntary termination of membership, or the voluntary or involuntary limitation, reduction, or loss of clinical privileges at another health care facility.
 - 11 evidence of a query sent to the National Practitioner Data Bank.
 - 12 information regarding any pending criminal charges or criminal convictions.
- B. Failure to Complete Application/Incomplete Application. A practitioner who fails to return the form or to supply all of the required information within ninety (90) days prior to the expiration of the current appointment period or to respond in a timely manner to a request for information shall be deemed to have voluntarily resigned his medical staff membership, effective as of the date of the expiration of his current appointment. A practitioner who is deemed to have resigned under this section shall not be entitled to the hearing and appeal rights under these bylaws.
- C. Applicant's Responsibility. The applicant shall have the burden of producing adequate information for a proper evaluation of his current competence, character, skill, ethics, health status in terms of his ability to practice in the area in which privileges are sought (subject to necessary reasonable accommodation to the extent required by law), ability to work with others, and other qualifications. By applying for appointment or reappointment to the medical staff, or for clinical privileges, the practitioner agrees to comply with the medical staff bylaws, the medical staff and rules and regulations, and applicable hospital policies.
- D. Credentials Committee Review. At least sixty (60) days prior to the final scheduled governing body meeting in the medical staff term, the Credentials Committee shall review all pertinent information and within thirty (30) days make its written recommendation to the MEC concerning the member's reappointment and clinical privilege delineation. The reason for any change shall be documented.
- E. MEC Review and Recommendation. At least thirty (30) days prior to the last scheduled governing body meeting in the medical staff term, the MEC shall meet and review all pertinent information and make its

written recommendation to the governing body through the administrator concerning each staff member's reappointment and clinical privilege delineation. When any change is recommended, the reason for such recommendation shall be stated and documented. Action by the governing body shall be governed by Section 5J of this Article of these bylaws.

SECTION 7 - CLOSED STAFF; EXCLUSIVE CONTRACTS

- A. Exclusive Contracts. The governing body may determine as a matter of policy that certain hospital clinical facilities may be used only on an exclusive basis in accordance with written contracts between the hospital and qualified professionals. These may include, but are not limited to, radiology services, pathology and clinical laboratory services. Applications for initial appointment or for privileges related to those hospital facilities and services specified in such contract(s) will not be accepted for processing unless submitted with confirmation from the administrator that they are from applicants that have an existing or proposed contract with the hospital.
- B. Contract Practitioners. A practitioner who is providing contract services pursuant to Section 7A must meet the same membership qualifications, must be processed for appointment, reappointment, and clinical privilege delineation in the same manner, and must fulfill all of the obligations for membership category and clinical privileges as any other applicant or member.
- C. Termination/Reduction of Privileges. Practice at the hospital is always contingent upon continued staff membership, and is also dependent on the clinical privileges granted. The right of a practitioner who is providing contract services to practice at the hospital is automatically terminated when his staff membership expires or is terminated. Similarly, his right to render services under the contract is automatically limited to the extent that his clinical privileges are reduced, restricted or terminated.
- D. Expiration/Termination of Contract. The effect of expiration or other termination of a contract upon a practitioner's staff membership and clinical privileges will be governed solely by the terms of the practitioner's contract. If the contract is silent on the matter, then contract expiration or termination will not affect the practitioner's staff membership or clinical privileges, except that the practitioner may not thereafter exercise any clinical privileges for which the hospital has made exclusive contractual arrangements with another practitioner.

SECTION 8 - MEDICO-ADMINISTRATIVE PRACTITIONERS

Practitioners who have a contract with the hospital, either full-time or part-time, in a medico-administrative position that includes staff clinical responsibilities or functions, must be members of the medical staff. In addition to any applicable terms of the contract, such practitioners shall achieve staff membership and clinical privilege delineation through the same procedure as is required for other medical staff members. The right to the hearing and appeal procedures under these bylaws shall apply if the practitioner's clinical privileges which are independent of the practitioner's contract are also terminated, removed, or suspended. However, the effect of expiration or other termination of a contract upon a practitioner's staff membership and clinical privileges will be governed solely by the terms of the practitioner's contract.

SECTION 9 - LEAVE OF ABSENCE FOR EDUCATIONAL, MEDICAL OR PERSONAL REASONS

- A. Request for Leave of Absence. A member may request a voluntary leave of absence from the medical staff by submitting a written request to the administrator who will transmit this request to the Chief Medical Officer, Credentials Committee and the MEC. The request shall state the reason for the request and the specific time period which may not exceed the member's current term of appointment. All leaves must be approved by the MEC and the governing body. By requesting a leave of absence the member understands and agrees that he will be treated as an initial applicant for the purpose of evaluating his qualifications for reinstatement and he shall bear the burden of proof to demonstrate to the satisfaction of the MEC and the governing body that he is qualified for reinstatement. During the period of leave, the member's clinical privileges shall be inactive. While on leave, the member must maintain all required licenses, registrations, and malpractice insurance. Failure to do so shall be deemed voluntary resignation from the medical staff. If

the practitioner's current term of appointment expires during the leave of absence, he shall be deemed to have voluntarily resigned from the medical staff and may reapply as an initial applicant.

B. Request for Reinstatement.

Reinstatement to the Medical Staff may be requested for the following reasons:

- a) Due to personal/family illness or injury. A \$100 fee may be assessed.
- b) Reappointment non-compliance. Fee of \$300 will be assessed.
- c) Administrative Delay of reappointment. No fee will be assessed.
- d) Leave of Absence. No fee will be assessed.
- e) Moved out of Area with Reappointment within last twelve months. Fee of \$100 will be assessed.
- f) When Medicaid or Medicare program exclusion or investigation is cleared, participant may request reinstatement within twelve months and no fee will be assessed.

At least thirty (30) days prior to termination of leave, or at any earlier time, the member may request reinstatement of privileges by submitting a written notice to that effect to the administrator, who will transmit this notice to the Credentials Committee and the MEC. The member must also submit a written summary, detailing his professional and patient care activities during the leave. The Credentials Committee shall evaluate the request and may deem it incomplete if any necessary information is not provided. The MEC, on receipt of the recommendation of the Credentials Committee, may deem the request incomplete, may request further information from the member, may defer action on the request, or may make a recommendation to the governing body concerning the reinstatement of the member's privileges and any conditions that should be attached. Thereafter, the procedure provided in Article III, Section 5 shall apply.

- C. Failure to Request Reinstatement. Failure without good cause to request reinstatement, to supply sufficient information for the request to be deemed complete, expiration of current term of appointment during leave of absence, or failure to provide a summary of professional and other activities as above required shall constitute a voluntary resignation from the staff, effective immediately. The MEC shall in its sole discretion, and after giving the practitioner an opportunity to address the MEC, determine whether good cause exists. Such voluntary resignation shall not entitle the practitioner to the hearing and appeal rights under these bylaws. A request for staff membership subsequently received from this practitioner shall be treated and processed as an application for initial appointment.
- D. Routine Observation Requirements. In the discretion of the MEC, reinstatement may be made subject to an observation requirement for a period of time during which the practitioner's clinical performance is observed by one (1) or more designated medical staff members. Such routine observation shall not be considered disciplinary action and shall not entitle the practitioner to the hearing and appeal rights under these bylaws.

SECTION 10 - RESIGNATION FROM THE MEDICAL STAFF

Any practitioner who desires to resign from the medical staff must submit a letter of resignation, through the Credentials Committee, to the MEC and the administrator. Such a practitioner's subsequent application for medical staff membership or clinical privileges will not be processed if he has any unfulfilled obligations under these bylaws or the rules and regulations, including, but not limited to, the need to complete delinquent medical records. Subsequent application for staff membership or clinical privileges will not be processed while outstanding obligations remain, and this status will be reported in response to any requests for references.

SECTION 11 - HOSPITAL EMPLOYEES

The hospital may determine as a matter of policy that certain practitioners may be employed in accordance with a written contract between the hospital and the practitioner. An employed practitioner must meet the same membership qualifications, must be processed for appointment, reappointment, and clinical privilege delineation in the same manner, and must fulfill all of the obligations for membership category as any other applicant or member. The termination of the medical staff membership and privileges of an employed practitioner shall be handled in accordance with the provisions of Article VII, Section 11G.

ARTICLE IV

CATEGORIES OF THE MEDICAL STAFF

SECTION 1 - MEDICAL STAFF

The medical staff shall be divided into the following categories: active, and consulting.

SECTION 2 - ACTIVE STAFF

- A. Qualifications. The active staff category shall consist of practitioners who regularly admit, or personally provide services other than written consultation, to patients in the hospital and who are located (primary or satellite office and temporary or permanent residence) within a reasonable distance and/or travel time 50 minutes to the hospital in order to provide continuous care to their patients. Active staff members shall admit or provide the above-described services to an average of 25 patients per calendar year, and any less than this shall ordinarily be deemed a request for modification of membership status. Active staff members assume the functions and responsibilities of membership including, when appropriate, emergency service care, disaster plan assignment, and consultation assignments. Members of the active staff shall be eligible to vote; hold staff office; serve on medical staff, and governing body committees; and shall attend not less than the number of medical staff, and committee meetings required by these bylaws. Active staff members shall participate in the quality/ performance management activities required of the medical staff and shall serve, when qualified and required to do so, as proctors for other practitioners during any period of temporary privileges pending membership processing or during the initial membership provisional status period.
- B. Failure to Meet Qualifications. An active staff member who provides the above services for less than **25** patients per year in the hospital shall be automatically transferred to the consultant staff at the time of the next reappointment, unless the practitioner does not meet the qualifications for membership in either staff category, in which case his medical staff membership shall automatically expire, without the hearing and appeal rights under these bylaws.

SECTION 3 - CONSULTANT STAFF

The staff category shall consist of practitioners who are located (primary or satellite office and temporary or permanent residence) within a reasonable travel time of 50 minutes to the hospital to provide continuous care for their patients but who do not admit or provide services other than written consultation. Consultant staff members shall be members of the active or associate staff of another hospital in which their regular participation in quality/performance management activities is documented and their performance is evaluated. Consultant Staff membership shall provide satisfactory evidence to the Credentials Committee of such membership, participation, and evaluation if less than 10 Patients encounter per calendar year. Consultant Staff members are eligible to vote on medical staff matters and hold medical staff office. They may serve as voting members of designated hospital committees in which they may participate. They shall be required to attend medical staff meetings.

ARTICLE V

CLINICAL PRIVILEGES