

**STANFORD HOSPITAL AND CLINICS**  
**Qualifications, Prerogatives and Responsibilities**

<b>Medical Staff Membership</b>	<b>Active Staff (SHC)</b>	<b>Courtesy Admitting Staff (SHC)</b>	<b>Courtesy Teaching Staff (SHC)</b>	<b>Affiliate (SHC)</b>	<b>Administrative Staff (eff May 2010)</b>
Practice Type	Uses SHC / LPCH to regularly admit or regularly involved in patient care <ul style="list-style-type: none"> <li>Stanford Faculty Practice Physicians</li> <li>Physicians who estimate &gt;11 patient contacts per year which include: admissions, consultations, outpatient visits.</li> </ul>	On Active staff at another facility who is accredited by JCAHO, AAAHC, or AAAASF and does not utilize SHC as the principal admitting facility.  <i>Admits or treats : 3 – 10 patient per year</i>	Special category for voluntary faculty who only treat patients in the hospital and/or clinics in a voluntary teaching role.	Meets all membership criteria and credentialing requirements. Holds a teaching appointment within the School of Medicine and be a provider under the SHC health plan contracts <ul style="list-style-type: none"> <li>Does not admit or treat patients at SHC</li> <li>May not vote or hold office</li> <li>May attend meetings</li> </ul>	Shall be held by any physician, who is not otherwise eligible for another staff category and who is retained by the hospital or medical staff solely to perform ongoing medical administrative activities.
Faculty ACF Membership Required?	NO	NO	YES	YES	NO
Admit?	YES	YES	NO Teaching Only	NO	NO
Privileges?	YES	YES	YES	NO	NO
Clinic Privileges				NO	
Faculty: (Including ACF)	ELIGIBLE	ELIGIBLE	ELIGIBLE		NO
Community: (Without ACF)	NO	NO	N/A		NO
Votes	YES	NO	NO	NO	NO
Committee Chairship	YES	NO	NO	NO	NO
Committee Membership	YES	YES	YES	NO	YES
Maintenance of Volume Criteria	YES	YES	NO	NO	NO
Maintenance of Privilege Criteria	YES	YES	YES	NO	NO
Current Credentials File (Application, Etc.)	YES	YES	YES	YES	YES
Pay Application Fee & Recredentialing Fee	YES	YES	YES	YES	YES
Late Fees – recredentialing (late fees are not paid by departments)	YES	YES	YES	YES	YES
Pay Dues	YES	YES	NO	NO	NO
Malpractice Insurance	YES	YES	YES	YES	NO