

CME Privileges

Thank you for your interest in gaining or furthering your pediatric experience with us at Children's Hospital Colorado.

Please complete the application below and upload all necessary documents. Please make sure all documents are translated to english before submitting. The application must be dated within 180 days from date of requested observation.

This will not include EPIC/Computer access and badges will only be granted for observers here for longer than 5 days.

If you are requesting an extended observation, greater than 3 months, please contact Medical Staff Services before completing the application.

You will receive an email notification once your application has been approved by leadership.

If you have any questions or concerns regarding your application or the application process, please do not hesitate to contact us.

Thank you,

Medical Staff Services

720-777-6652 

credentialing@childrenscolorado.org

Demographic Information

First Name:

* must provide value

Last Name:

* must provide value

Department you wish to observe:

* must provide value

Title/Credentials:

Date of Birth:

* must provide value

  Today M-D-Y

Specialty:

* must provide value

Primary Practice Name:

* must provide value

Practice Address:

* must provide value

Email Address:

* must provide value

In case of emergency, contact information. Please include, relationship and phone number.

Administrative Contact Name and Email:

Credentials/Privileges

Are you licensed in the US?

* must provide value

Yes

No

[reset](#)

Have there ever been any professional liability (i.e., malpractice) claims, suits, judgments, settlements or arbitration proceeding involving you?

* must provide value

Yes

No

[reset](#)

Describe what you will be doing while at Children's Hospital Colorado (Please be specific):

* must provide value

[Expand](#)

Department where you will be working/observing:

* must provide value

Dates of observation are required in order to process application (please include start MM/DD/YYYY and end date MM/DD/YYYY):

* must provide value

CHCO Supervising Medical Staff Member:

* must provide value

Please upload your current Curriculum Vitae (document must be in English)

* must provide value

[Upload file](#)

Visitor Forms

Please review the attached visitor orientation form.

Attachment: [Orientation form for day visitors.pdf](#) (0.66 MB)

I have read Children's Hospital Colorado's Limited Workforce Training Booklet (attached above) detailing my obligations to comply HIPAA Rules and CHCO policies. I agree to abide by the HIPAA Privacy and Security requirements and policies & procedures. I agree to respect patient confidentiality by not referring by name or otherwise disclosing individually identifiable information about any patient I see or hear about during my time at Children's Hospital Colorado. In addition, I understand that I am strongly encouraged to report any HIPAA breaches, concerns, or other Compliance-related infringements I may become aware of. I further understand that I am protected from retaliation for reporting any such concerns.

True False

[reset](#)

* must provide value

Health History

Can you meet the essential functions of the position with or without accommodation?

Yes No

[reset](#)

* must provide value

Vaccination Requirements

Children's Hospital Colorado requires proof of immunizations prior to granting observation/CME privileges. Please upload proof of the vaccinations below.

Tdap: Documentation of one dose of Tdap as an adult (Note: other tetanus/pertussis containing vaccines not accepted)

[Upload file](#)

* must provide value

Seasonal Influenza: Documentation of annual influenza vaccine for current flu season (typically between August 1st - April 30th).

[Upload file](#)

I hereby attest that the above immunizations were completed prior to my observation at Children's Hospital Colorado.

True False

[reset](#)

* must provide value

Signature

Those providers who wish to spend time gaining or furthering their experience in a Pediatric setting, may apply for privileges for a specified term, as requested and defined by the appropriate Department Chair or Division Chief, provided that the practitioner has supplied the Medical Staff Office with copies of appropriate documentation available which may reasonably be relied upon to determine the competence and ethical standing of the applicant. In exercising such privileges, the applicant shall act only under the direct

[Add signature](#)

supervision of the Chairman of the Department or Chief of the
Division (or appropriately privileged and appointed designee)
. (Children's Hospital Colorado Medical Staff Bylaws:
ARTICLE V, Section 4.)

* must provide value

Submit
