

Dear _____:

Your Reappointment Application for Aurora Health Care/Select Specialty is about to be initiated. The instructions you find in this emails apply to all professions credentialed at Aurora Health Care.

We are about to send you your reappointment application for membership and/or privileges with Aurora Health Care and/or Select Specialty Hospital. Please take note of the instructions attached to this email. For best results, follow the instructions carefully. Further, please complete and submit these forms no more than 30 days from the date of this email.

Following this email you will receive two additional emails. One will contain the link to Aurora's Practitioner Home Page. The second will contain your password.

If you have a Credentialing Contact specified for your application (if we do, their name will appear here: _____), they will have the ability to complete and/or review your materials. Please check with your Credentialing Contact to know if you can anticipate that they may do some pre-populating of your reappointment materials. Know that you, as the re-applicant are ultimately responsible for the completion of the materials. At a minimum, you will be required to log-in and review, submit and sign the materials. In addition, if you are applying for hospital privileges, you will need to complete and sign privilege request forms.

You will receive additional emails of this type for location management and, if additional hospitals are added, additional privilege forms.

Please know that you must complete these materials on either a Windows or Macintosh computer with the following or better:

1. Microsoft Internet Explorer Web Browser versions 8, 9, 10, 11
Or Safari version 5.0 or higher
Or Chrome
2. Screen resolution 1024 x 768 pixels or higher
3. Adobe Reader 9.0 or higher

If after reviewing the above and the attached instructions you experience difficulty in signing into the Practitioner Home Page, completing the materials or signing the application, please contact us at Aurora.Credentialing@aurora.org or, during business hours, at 414-219-8660.

Thank you for your interest in Aurora! Please forward any questions to aurora.credentialing@aurora.org

The Credentialing Staff of Aurora Health Care

INSTRUCTIONS BELOW:

Reappointment Instructions

The Aurora/Select Specialty Reappointment Application is for physicians, dentists and podiatrists seeking appointment with Aurora facilities and/or network.

If you are having problems logging in, please [click here](#) for further instructions.

Begin the process by clicking on the Reappointment link just under the Application Forms heading on the left side of the screen.



A list of forms will be there for your completion. Click on each form, thoroughly complete each form and click **Submit** when done. If you need to step away from the application and come back to it later, click on **Save and Close**. The application will save where you left off.

Credential Contacts can log in and complete materials, everything except for signing the application form, consent and release and other application materials. It is up to you as the re-applicant to review the Credential Contact's work and to sign your own application materials.

To sign your materials: Start by clicking the **Submit** button located on page 13 of the application.

Signature

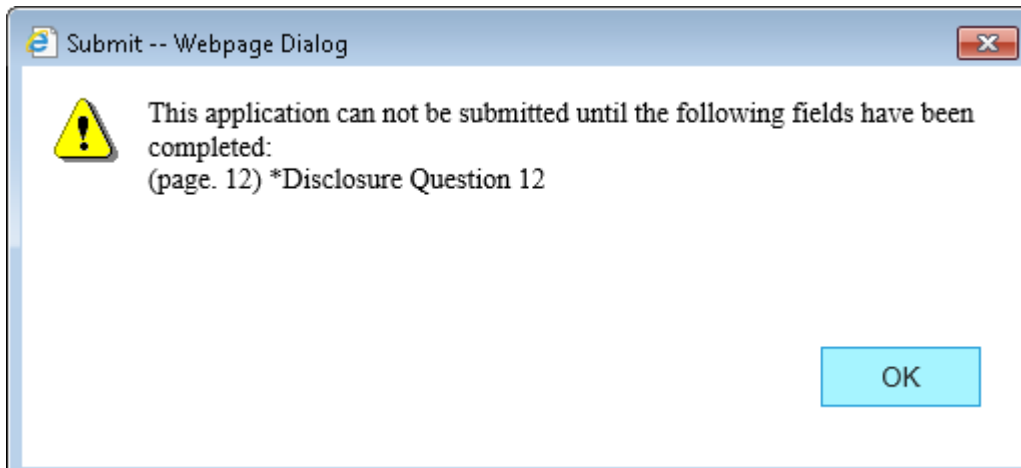
[Linda L Haack, MD](#)

Printed Name

Date

Submit

If additional required information must be completed on your application you may receive one or messages like this:



Once all of the required information has been completed the following screen will appear:

Practitioner: Bart B Haack, NP.

Please enter your date of birth.

<u>Questions</u>	<u>Enter answer</u>
Birth date	<input type="text"/>

Enter your Date of Birth and press continue. The system will expect that your birth date will match the birth date given to us when your application was requested. If this screen does not accept your actual birthdate, please call us at 414-219-8660 during business hours for further assistance.

If your birth date has been accepted the following screen will appear:

Click **Sign** button to digitally sign this document.

Sign Cancel

DISCLOSURE QUESTIONS (continued): If you answer "YES" to any question(s) number 2 through 23, please provide details on a separate page. Include a copy of any order or settlement where applicable.		
14.	Has your Drug Enforcement Agency or other controlled substances authorization ever been voluntarily or involuntarily denied, revoked, suspended, reduced or not renewed, or have proceedings toward any of those ends been instituted against you?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Has your specialty board certification or eligibility ever been voluntarily or involuntarily	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Please click the **Sign** button at the top of the page.

Your application has now been signed.

For additional materials during the same session, you will only need to click the **Sign** button after clicking **Submit** to sign your materials.



Next, if you currently hold hospital privileges, click on the **Privileges** link. One or more privilege forms will be available for your completion. Please **Submit** when done.

If you have a Mid Market or South Market privilege form, please be sure to select all of the facilities that are presented to you before you request privileges. Please note that if you have privileges at Aurora Medical Center Summit, these privileges will be sent to you from Summit in Paper.

Please be sure to evaluate any criteria requirements for your privilege requests. The criteria must be submitted as follows:

- Case Logs to the CVS using the directions below or scan to Aurora.Credentialing@aurora.org or fax to 414-389-5400.
- Life Support Certifications using the directions below or scan to Aurora.Credentialing@aurora.org or fax to 414-389-5400.

- All other criteria see [Submissions Contacts Form](#)



The final step is to transfer required documents. If you do not have electronic copies, you may fax the CVS Required Documents to 414-389-5400.

To start, click the **Transfer Files** link on the left.

The information and fields pictured below will display.

Please see the list of [required documents](#) below

- Choose the appropriate **Type of file** based on the information on the grid on the next page.
- Click **Browse** to locate the appropriate file on your computer.
- Type any **Description** you have in the named field.
- Click **Transfer** to transfer the file.

Transfer Files Instructions: This feature provides the ability to transfer digital images such as your photograph, scanned copies of your license, insurance certificate, and other registration certificates. Follow these instructions to transfer a digital image file to the credentialing office.

1. Select type of file from the dropdown list below.
2. Click **Browse** button to locate the file that you want to transfer from your computer.
3. If necessary, you can further describe the file in the Description field.
4. Click **Transfer** to submit file to the Credentialing office.




Type of file: ▼


File to transfer:

Description:

Click to transfer:

Instructions: Unless Noted as Optional, all of the items listed below are required. The checkboxes are for your use as you complete each item. If an image of a fax machine is in the Transfer column, a document matching this description must be submitted.

	Transfer?	Type of File	Item Needed
<input type="checkbox"/>		Case Log	CASE LOG: If you are applying for privileges at one or more Aurora Hospitals and your primary hospital is not an Aurora Hospital, provide a case log of all of your clinical activity over the last 24 months, including training programs, hospital/outpatient surgery center affiliations, and office practices. The case log must contain a description of the procedure or diagnosis. (Optional if applying to Network only. Required for hospital appointment.)
<input type="checkbox"/>		ACLS ATLS BLS NALS NRP or PALS	LIFE SUPPORT CERTIFICATION: If you hold certification for ATLS, ACLS, BLS, NALS, NRP, or PALS, please submit a copy of your current certification. (Optional, but may be required if a part of criteria for selected privileges)
<input type="checkbox"/>		Malpractice Insurance	MALPRACTICE COVERAGE: A copy of the Malpractice Insurance Certificate, which will cover you for the privileges you are requesting at Aurora Health Care and/or Select Specialty Hospital. <i>(If your current insurance is listed on your application with a current expiration date, this is not required..)</i>
<input type="checkbox"/>			SIGNATURE DATES: Signature dates need to be no older than 90 days before our receipt of the application.

	Transfer?	Type of File	Item Needed
<input type="checkbox"/>		<p>Arrest Report</p> <p>Judgment of Conviction</p>	<p>If You Know We Will Find Something When We Run Your Criminal Background Report:</p> <p>If you have committed an offense (whether there was a conviction or the matter is pending) that is classified under the Wisconsin Caregiver Law including without limitation, battery, reckless endangerment, invasion of privacy, disorderly conduct or harassment, you must report it and submit the following documentation:</p> <ul style="list-style-type: none"> • <u>Arrest Reports</u>: Include a copy of the arrest report and a written explanation of the event. • <u>Convictions</u>: In addition to a copy of the arrest report and a written explanation of the event, include a copy of the judgment of conviction. <p>We also expect that you will report any convictions or pending convictions (including deferred prosecution agreements) for driving under the influence (DUI) and provide a copy of the arrest report and judgment of conviction, as applicable.</p>

Troubleshooting Problems

[Provider Home Page\(PHP\) FAQ's for Practitioners:](#)

1. **I have lost/need the link to the provider home page (PHP), now what?** *You can copy and paste the link below into Google Chrome, Internet Explorer 8 or higher, or Safari 5.0 or higher, in order to access your PHP. This will work on a Windows or Mac device. (Not an iPhone or Android).*

<https://msow.aurora.org/practitionerHomePage/>

2. **I have lost my password, where can I access it?** *You can access your password by going to the provider home page (PHP) and clicking: [Forgot your password?](#) . See below:*

LOGIN

Email Address:

Password:

Submit

[Forgot your password?](#)

You will then be prompted to enter your email address. (See #3 if you forgot)

The system will generate a new temporary password that will be sent to your email:

LOGIN

- *You will receive an email with your new temporary password.

Email Address:

Password:

Submit

[Forgot your password?](#)

The email will be from: MSONetPasswordReset@MSOW.com. You can copy and paste your temporary password, log-in and have access to your PHP. You can keep your temporary password or reset it if you wish.

3. **What email address is my PHP linked to?** If you have forgotten or even want to change what email we have on file for you, please email aurora.credentialing@aurora.org or call 414-219-8660 to request that information.
4. **I have completed my application/reappointment and it won't let me 'submit' it.** Many times if the system will not let you submit it is one of two reasons:
 - a.) The **Communication** field on the bottom of page 1 must be checked and your email entered, or it will not be accepted.

Communication Aurora will communicate a great deal of information to you electronically. Read the information below and check the box next to the instructions. Then, read the instructions for email addresses below.	
<input checked="" type="checkbox"/>	By clicking this box, I acknowledge that the majority of my communication with Aurora will be through email. I will check my email regularly. I will monitor the size of my email box to ensure that I can continue to receive information from Aurora. Aurora may choose to provide me with an Aurora-specific email address. If I am provided with an Aurora email address, I will check the account regularly and will ensure that I keep adequate space in the account to continue to receive additional email. In either case, I acknowledge that it is my responsibility to keep the Aurora Credentials Verification Service (Aurora.Credentialing@aurora.org) apprised of my current email address should it change.
Personal Email Information	
Preferred Email Address for Professional Correspondence We will use this address to communicate directly with you. Do not delegate the receipt of your email to another individual; provide email address that goes directly to you.	<input type="text" value="mcdreamy@yahoo.com"/>
Personal Email Address Please provide your personal email address.	<input type="text"/>

b.) *After you click 'submit' you will be asked to enter your DOB. It must be in the following format or it will not be accepted: **mm/dd/yyyy***

- 5.** **If you have further issues or concerns** please email aurora.credentialing@aurora.org or call 414-219-8660.