PERSONAL IDENTIFICATION AND CLINICAL COMPETENCY ASSESSMENT FORM

DIRECTIONS FOR USE

1. Personal Identification of Applicant (Section 1, Page 1) must be completed prior to completion of sections 4A and 4B.
   a. Photo must be attached to form before it is sent to the evaluator
   b. Photo must meet the following requirements:
      i. must be 2 x 2 inches (51 mm x 51 mm) color photo
      ii. must be a passport photo, photo from a State/Federal ID, professional photo, or a photo from a work ID
      iii. should be on a plain background
      iv. there must be no one else (parts or whole) visible in the photo
      v. selfies will not be accepted

2. Applicant completes Authorization for Release of Information (Section 2, Page 1).

3. U of M Department representative must complete Identity Check by University of Michigan Department (Section 3, Page 1).

4. Applicant completes and signs the Delineation of Privileges for their appointing clinical department, requesting those privileges that he/she wishes to perform at UMHHCC.

5. The Personal Identification and Clinical Competency Assessment Form is sent, with a copy of the Delineation of Privileges that has been completed by the applicant, to the previous hospital or surgery center where the most recent clinical privileges were held.
   a. For private practice or outpatient practice without privileges, form must be completed by most recent employer
   b. For medical professionals who have recently graduated from an education program, this form must be filled out by a Program Director
   c. For additional information on Advanced Practice Registered Nurse form requirements, see the MSS website

6. The Personal Identification and Clinical Competency Form is completed and returned from the former hospital to Medical Staff Services (Section 4A, Page 1; Section 4B, Page 2).