

**OSF Direct Access Network
OSF Saint Francis, Inc.
Applicant's Attestation**

In making application for credentialing or recredentialing for participation in the OSF Direct Access Network ("Network"), I hereby certify that the information submitted by me is true to the best of my knowledge and belief. I understand that any misstatement in or omission from my application which the Credentials Committee determines in its sole discretion is material or significant may be cause for denial of the application or dismissal from the Network.

I acknowledge that I have the burden of producing adequate information for proper evaluation of my professional training, competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.

I acknowledge that credentialing/rec credentialing to the Network carries with it all the responsibilities and privileges which are set forth by contract (including the obligations to provide continuous care to my patients and to release and to release those individuals participating in evaluating my qualifications from civil liability), rules and regulations, and policies of the medical staff, hospital policies, and, I agree to abide by the provisions of these documents. I am familiar with the laws, rules and regulations, and the principles, standards and ethics of the national, state and local associations that apply to and govern my specialty and/or profession, and I agree to be bound by the terms thereof if my application for credentialing or rec credentialing is granted.

I acknowledge and agree that I will provide any corrections, updates, and modifications to my credentials data to ensure that all credentials data remains current if my application is granted. I acknowledge and agree to provide such corrections, updates, and modifications within 5 business days for State health care professional license revocation, federal Drug Enforcement Agency license revocation, Medicare or Medicaid sanctions, revocation of hospital privileges, any lapse in professional liability coverage required, or conviction of a felony, and within 45 days for any other change in the information from the date I know of the change.

**You have the right to check the status of your credentialing / rec credentialing application.
Please call OSF DAN if you have any questions.**

PRINTED OR TYPED APPLICANT'S NAME

APPLICANT'S SIGNATURE

DATE