

**UPSTATE UNIVERSITY HOSPITAL  
CREDENTIALLED PROVIDER EDUCATIONAL PROPOSAL**

*Please note, to arrange Resident / Fellow education, GME must be contacted separately at (315) 464-8948*

**SECTION A (ALL REQUESTS)**

**Contact:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ **Date Form Submitted:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Committee, Subcommittee, or Task Force (if applicable):** \_\_\_\_\_ **Topic:** \_\_\_\_\_

**Rationale** (\*\* If DOH / DNV required, please quote or attach exact language of Plan of Correction or requirement)  
 DNV  Department of Health  Other, explain: \_\_\_\_\_

**Target Audience (Check all that apply):**

Medical Staff Physicians, Dentists, and Podiatrists (*Resident/Fellow education proposals must go through GME*):

- Medical Staff with in- or out- patient privileges (Active and Teaching medical staff)
- Medical Staff without privileges (Courtesy staff)
- Tele-radiologists / tele-medicine

Other Credentialed Providers:

- Advance Practice Providers (NP, PA, CNM, CRNA)
- Health Professionals (Chiropractors, Clinical Psychologists)

Specialty Specific Education:

- No  Yes (i.e.: Only surgical providers) Please list applicable specialties: \_\_\_\_\_

**Is this informational only (i.e.: PowerPoint, Fast Facts, or step-by-step instruction) or does it require formal education (i.e.: with in-person instruction, signature, or a post-test) (Check one)?**

- Informational (attach information for distribution)
- Formal Education Required (complete Section B, below)

**SECTION B (FORMAL EDUCATION ONLY)**

**Check Timeframe for Formal Education:**  April 1  July 1  October 1  January 1  Urgent (*DOH/DNV requirement only*\*\*) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Preferred Method of Education:**  Classroom  Video  Email  Online - **Blackboard training is not an option for medical staff education.**

**Is OTD assistance with content development desired?**  Yes  No

-----TO BE COMPLETED BY MSS-----

Reviewed and approved by (select one):  President, Medical Staff  Medical Director  Chief Medical Officer  Chief Quality Officer  Director, Advance Practice  Other: \_\_\_\_\_

Revisions to plan (method, audience, due date): \_\_\_\_\_ Reported results to: \_\_\_\_\_

*Please complete and submit to Medical Staff Services ([medstaff@upstate.edu](mailto:medstaff@upstate.edu) or by fax 315.464.8524) for review.*