



**Dependent Healthcare Professional (DHP)
Physician Sponsor Statement of Recommendation of Facility Access**

Instructions:

DHP, follow these directions to successfully satisfy your Physician Sponsor Statement of Recommendation of Facility Access credential. This credential is valid for one year and must be completed annually, prior to the record's expiration date.

Allow 5 business days for processing and return of the approved form from Kelly Scott. It is highly recommended to manage this record well in advance of annual expiration to ensure continuous compliance without loss of credentialed status.

Step 1: DHP's physician sponsor should complete (in entirety) the next page, Physician Sponsor Statement of Recommendation of Facility Access.

- This form is specific to the physician's hospital privileges and privileges will be validated.
- All entries must be complete and legible.

Step2: Email the completed form to Kelly Scott, Director DHP Credentialing & Compliance, for final review and approval. Kelly.Scott@MHShealth.com

- **Records must be submitted in PDF format. All other formats will be rejected.**
- **Title the PDF with DHP's Last Name, First Name and Date. Example: Scott, Kelly 01-20-2025**
- **Do Not Send multiple forms in one email. Please send all forms individually, per email.**

Step 3: Kelly Scott will digitally authorize and return the approved form to the DHP or delegate by email, within 5 business days.

Step 4: Upload your approved Physician Sponsor Statement of Recommendation of Facility Access in your HWSVerified account under Physician Sponsor Form.

Note: HWS will only review your credential file with a form signed by Kelly Scott.



Dependent Healthcare Professional (DHP) Physician Sponsor Statement of Recommendation of Facility Access

In sponsoring the below listed DHP, also known as Verified Professional, within Methodist Healthcare facilities, I agree the acts of the DHP assisting me shall be my responsibility; the scope of services approved by Methodist Healthcare to be performed by the DHP shall be done under my supervision, or order; and I will notify Methodist Healthcare Human Resources or Medical Staff when I no longer sponsor the DHP.

I understand:

1. Each Tier 3 DHP brought into the facility to provide care, treatment, or service is required to have a minimum of one physician sponsor and must also be granted approval by the Administrator responsible for the patient care areas/settings to be accessed by the DHP.
2. The DHP must meet all qualifications of the Methodist Healthcare Scope of Service for which they are applying in addition to standards and requirements as defined by Methodist Healthcare.
3. And agree with participation in the annual evaluation of the DHP promptly when requested.
4. DHP's may provide services at Methodist Healthcare System only as long as I maintain active Medical Staff appointment in good standing.
5. The DHP may not provide services that exceed what is defined within the MHS approved scope of services, scope of the DHP's license, certificate, and/or other legal credential.
6. I understand that at no time may this practitioner perform functions which would constitute medical practice and that all duties performed by him/her must be done under the level of supervision defined by the DHP scope of service and upon my authority.
7. DHPs are not members of the medical staff, do not have the delineated clinical privileges, and do not have the rights and privileges of a member of the medical staff.
8. And agree to abide by this document and other policies and procedures applicable to DHPs functioning within Methodist Healthcare System facilities.

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Name of Dependent Healthcare Professional / **Scope of Service to be Performed**

I approve the DHP named above to access each marked facility where I hold privileges and practice.

<input type="checkbox"/>	Methodist Hospital	<input type="checkbox"/>	Methodist Surgery Center- Boerne
<input type="checkbox"/>	Methodist Children's Hospital	<input type="checkbox"/>	Methodist Surgery Center- Landmark
<input type="checkbox"/>	Methodist Hospital I Metropolitan	<input type="checkbox"/>	Stone Oak Surgicenter
<input type="checkbox"/>	Methodist Hospital I Landmark	<input type="checkbox"/>	Methodist Ambulatory Surgery Center – Medical Center
<input type="checkbox"/>	Methodist Hospital I Northeast	<input type="checkbox"/>	Methodist Ambulatory Surgery Center - North Central
<input type="checkbox"/>	Methodist Outpatient Surgery Northeast	<input type="checkbox"/>	The Center for Special Surgery at TCA
<input type="checkbox"/>	Methodist Hospital I Specialty & Transplant	<input type="checkbox"/>	Methodist ER I Alamo Heights
<input type="checkbox"/>	Methodist Hospital I Texsan	<input type="checkbox"/>	Methodist ER I Boerne
<input type="checkbox"/>	Methodist Rehabilitation Hospital I Texsan	<input type="checkbox"/>	Methodist ER I Bulverde
<input type="checkbox"/>	Methodist Hospital I Westover Hills	<input type="checkbox"/>	Methodist ER I City Base
<input type="checkbox"/>	Methodist Hospital I Hill Country	<input type="checkbox"/>	Methodist ER I Converse
<input type="checkbox"/>	Methodist Hospital I Atascosa	<input type="checkbox"/>	Methodist ER I DeZavala
<input type="checkbox"/>	Methodist Hospital I Stone Oak	<input type="checkbox"/>	Methodist ER I Helotes
<input type="checkbox"/>	Methodist Hospital I Stone Oak Rehabilitation Center	<input type="checkbox"/>	Methodist ER I Legacy Trails
<input type="checkbox"/>		<input type="checkbox"/>	Methodist ER I Nacogdoches
<input type="checkbox"/>		<input type="checkbox"/>	Methodist ER I New Braunfels
<input type="checkbox"/>		<input type="checkbox"/>	

Sponsoring Physician Signature			
Sponsoring Physician PRINTED NAME		Date	