Date:       Requesting Department:       *(Should be SOM, clinical Dept)*

Office Use Only:

Application # \_\_\_\_\_\_

TimeTrex designee/approver:

Key contact for questions:       email:       phone #:

APP type: [ ]  *NP* [ ]  *PA* [ ] *CPP* [ ] *CNM*

Type of request:  [ ]  *New or* [ ]  *Vacancy*

*If vacancy, credentialed name of APP vacating position:*

**Funding Source:**

Human Resources Payroll source? [ ]  *University (Faculty appt) OR* [ ]  *Health Care System*

Funding sources: SOM acct #:

Budget status: [ ]  *Budgeted &* *Approved* [ ]  *Not Budgeted* FTE request: (count/number of APPs):       Department Suggested Level: 1[ ]  2[ ]  3[ ]

**Clinical Activity & Billing**

**Describe roles/responsibilities.** Explain why work cannot be completed/absorbed by current staff/faculty, residents

or expansion of residents. Include current work and any new patient volume. If the pro forma is not

neutral or positive, please describe alternatives to make this position viable or financially sustainable.

**Briefly describe the financial benefits to the HCS:**

**Associated units, clinics, or service lines:**       **Supervising MD:**

**Targeted clinical start date:**       **Targeted date for completion of credentialing packet:**

*(Based on orientation schedule)**(Must include all signed documents; minimum of 90 days prior to start date)*

**Projected breakdown of APP effort:** Will the APP bill independently in their own name?[ ]  **Yes** [ ]  **No**

|  |  |
| --- | --- |
| **Medicare Part A**Instruction and Supervision (Non-Patient Care) w/Residents       % Instruction of/Acting as Hospital Staffin Inpatient/Outpatient Setting       %Hospital Services in Hospital Based Clinic       %Case Mgmt/Pt Ed related to Hosp Activities       %Hospital Committees       % | **Medicare Part B**Direct Medical/Surgical Services toPatients (w/ or w/o residents)       %Clinical Admin (Department, ClinicSpecific and UNC P&A Committees)       %UNC School of Medicine and other University Activities       % **TOTAL\***       %  (\*both columns should add up to 100%)  |

**Key clinical performance assumptions** *(Check all that apply, address items checked in narrative below)*

|  |  |
| --- | --- |
| [ ]  Improve patient access in clinic[ ]  Decrease LOS[ ]  Patient contacts and outreach (makes notes in EMR)[ ]  Support demonstration of meaningful use[ ]  Participate in performance improvement  | [ ]  Improve throughput[ ]  Perform medication reconciliation[ ]  Increase number and efficiency of discharge orders [ ]  Increase procedure volume (describe)[ ]  Increase revenue |

**I have reviewed & approved this application, agreeing the position is clinically relevant & financially necessary.**

Chair/ACA: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

 Printed name:

Vice President**\***#1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:       **Hospital Acct #1**

 Printed name:

Vice President**\***#2: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:       **Hospital Acct #2**

 Printed name:

**Application reviewed, approved and cleared to post position** *[ ]  Yes [ ]  No*

APP Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

*Version 17: 3/26/19*