NAVIGATING IN APPCENTRAL QUICK USER GUIDE

Page Navigation

One advantage to completing documentation electronically is the guidance AppCentral offers by highlighting required fields, attachments or actions required by the practitioner. Below are some key features:

 A Red Banner above the document tells you which document pages contain fields which must be filled for the document to be submitted to Medical Affairs Office and which

Fax or Altach In

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attachments you must make to the document if any.

- Messages from the Medical Affairs office to a practitioner will be displayed on top of the application form, such as 'action required'.
- The green page arrows in the upper right corner of the document allow navigation between pages.
- The application has required fields that can be identified on the pages that have a **red** background in the navigation.
- You may jump to any page in this series by clicking on its number in this pop-up
- The page number with a **dark border** is the current the page open for review.

Professional/Incorporated Name:

Address Line 1

Email Address:

Citv



Address Line 2:

Ext:

Fax:

() -

Pager:

Ext:

Phone:

()

Cell:

BUSINESS CONTACT INFORMATION

Postal Code:

Province:





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PRE-APPLICATION

BC MQI

	BUSI	NESS CONTA	CT INFORMATION			
Professional/Incorporated	Name:					
Address Line 1: Address			Address Line 2:			
Citv: City	Province: BC	Postal Code: V5V 4R4	Phone: (555) 555-5555	Ext:	Fax: () -	Ext:
Email Address: email			Cell: () -		Pager: () -	jak

All of the required fields on the page must be completed before the **red outline** disappears.

-	SITE SELECTION]
Primary Site :	Burnaby Hospital	Medical Staff Category Provisional	Fields populate
Alternate Site:	Chilliwack General Hospital	Provisional	text are ones the practitioner car
Alternate Site:	Select Item	Select Item	They are pre-pe based on the in
Altemate Site:	Select Item	Select Item	into Visual Cac
Altemate Site:	Select Item	Select Item	

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Fields with blue
text will not
import into
Visual Cactus.
These fields will
be entered
manually into
Visual Cactus
by Medical
Affairs.

COMMITTEE MEMBERSH	IP AND LEADERSHIP ROLES	
Facility or Program:		
Committee/Leadership Role:	From: (vyvy/mm/dd)	To: /yyyy/mm/dd
Facility or Program:		
Committee/Leadership Role:	From: (yyyy/mm/dd)	To: /yyyy/mm/dd
Facility or Program:		
Committee/Leadership Role:	From: (yyyy/mm/dd)	To: (vyyy/mm/dd

- An application that is returned will be highlighted in yellow and signals to the practitioner that the field/s must be updated and resubmitted to Medical Affairs.
- A green outline is used to identify any fields that were updated by the practitioner.
- The highlights that were originally added remain highlighted after the document is submitted back to Medical Affairs.
- A practitioner may choose to include a message

	EMERGENCY	CONTACT INFORMATION
First Name: Jane	Last Name: Stang	Relationship to Applicant (optional Wife
Notes:		

Fill Out and Submit

• The Provincial Application and Privilege Request Forms can be submitted to Medical Affairs using the green submit button at the bottom of the application, or the green submit button at the top of the application.

Fax or Attach Image	Submit	<u>Field</u>			
	Add a me	essage (opti	onal)		
I understand and agree that competence, character, eth such information to the sat	Submit Send to MSO fo	r review	T	roper evaluation of my pro and for responding to any	fessional inquiries abou
l agree to abide by the Code of E	thics as adopted by m	y professional Co	llege at all times du	uring my appointment to the	Medical Staff
l agree to abide by the Code of E maintain and provide a reclare that the infor l declare that the infor	thics as adopted by m proof of professional li mation submitted by i	y professional Co ability insurance me in this applica of the Provincial	llege at all times du protection approp tion is true to the i Health Services Au	uring my appointment to the riate to my professional activ pest of my knowledge.	Medical Staff
l agree to abide by the Code of E maintain and provide I declare that the Infor I hereby apply for appointment Name: Doogie Test Howser, M	thics as adopted by m aroof of professional li mation submitted by 1 t to the Medical Staff o D	y professional Co ability insurance me in this applica f the Provincial	llege at all times du protection approp tion is true to the I Health Services Au Signature: Doogk Date: 2015/10/12	uring my appointment to the riate to my professional activ best of my knowledge. athority Health Authority e Howser, MD	Medical Staff
l agree to abide by the Code of E maintain and provide I declare that the Infor hereby apply for appointment Name: Doogie Test Howser, M	thics as adopted by m aroof of professional li mation submitted by 1 et to the Medical Staff o D	y professional Co ability insurance me in this applica of the Provincial	llege at all times di protection anorop tion is true to the 1 Health Services Au Signature: Doogk Date: 2015/10/12	uring my appointment to the riate to my professional activ best of my knowledge. athority Health Authority e Howser, MD	Medical Staff

• The submit button at the top of the application form is the only place where a practitioner can include a message for Medical Affairs. This option is not available on the bottom submit button.