

**CENTRAL CREDENTIALING VERIFICATION PROGRAM  
OF FOUR COUNTY MANAGEMENT CORPORATION**  
**27 New Hartford Shopping Center, New Hartford NY 13413-2144**  
**Telephone (315) 735-2204 Fax (315) 735-1608**

**mjones@medsocieties.com**

*Kathleen E. Dyman, Executive Vice-President*

Dear Doctor:

The Central Credentialing Verification Program of Four County Management Corporation allows you to complete a single application and have it and your verifications sent to any or all of the participating hospitals in Oneida and Madison Counties.

There is a standard processing fee of **\$375\*** for your credentials verification, if you are member of the Medical Society of Oneida or Madison County your fee is reduced to **\$300\*** as a member benefit. Your check should be made payable to Four County Management Corporation and must accompany your completed application for credentials verification in order to initiate the verification process.

It is necessary that you complete **in full** the application for hospital medical staff membership. This means listing a complete address for all facilities and professional references. Also, do not forget to include photocopies of documents requested. Even though it is required that a curriculum vitae be sent, it is still necessary to complete the application itself. Your completed application must be personally signed in all designated areas and returned with your check to:

Four County Management Corporation  
27 New Hartford Shopping Center  
New Hartford NY 13413-2144

**Attached is a checklist of documents that must accompany your completed application.**

We have the responsibility of verifying all information contained on the application form. This will include, but not be limited to, verifying licensure, professional liability insurance and training. We will forward a copy of your application and all verified information to the hospital(s) of your choice. Please understand that the granting of medical staff privileges and membership by a hospital is a function of the hospital and not this organization, and that the application must be submitted as far in advance of the required effective date as possible. Each hospital will provide individual privilege applications.

**Please note: If staff membership or privileges are denied by any of the hospitals to which you apply, the hospital is obligated to report the denial to the appropriate regulatory agencies.**

Please do not hesitate to call if you have any questions concerning the submission or processing of your application.

Sincerely,

Mary E. Jones  
Director of Membership Services

**\*additional costs may be assessed**

Updated August 2013