

AppCentral &
Provincial Privileging Dictionaries
**Practitioner
User Guide**



Interior Health
Every person matters

TABLE OF CONTENTS

Introduction	1
What is AppCentral and the Provincial Privileging Dictionaries?	1
Why are Practitioners Using AppCentral?	1
AppCentral End User Technical Requirements	3
Provincial Privileging Dictionaries Overview	4
Privileges not Included in the Privileging Dictionary	5
Dictionary Reviews.....	6
Creating an AppCentral Account.....	7
Receiving your Email Link	7
Cactus ID versus AppCentral ID	8
How to Create your AppCentral Account	8
Navigating Electronic Documents in AppCentral.....	10
4 Navigation Methods.....	10
Complete an Application Form in AppCentral.....	13
How to Start an Application Process.....	13
Required Fields in the Application Form.....	14
Document Menu Items.....	15
Types of Documents and Due Dates	16
Add Attachments or Documents.....	17
Reapplication Documents	17
Checklist	18
Save a Document to your Desktop	18
Adding Attachments.....	19



Adding Attachments Using Fax or Attach Image Tab	19
Attach a Document/Image.....	21
Provincial Privilege Request Forms.....	23
Submitting Your Application	25
How to Navigate Directly to Pages with Required Fields.....	25
Declaration Form.....	27
Medical Affairs Office, Who to Contact.....	28
Interior Health Cactus AppCentral Support Team	29
Recover AppCentral ID or Password.....	30

INTRODUCTION

WHAT IS APPCENTRAL AND THE PROVINCIAL PRIVILEGING DICTIONARIES?

The **Practitioner Credentialing and Privileging System (C&P) System** is a single, standardized web-based system, also known as CACTUS Software, that has been implemented across all BC Health Authorities. The new C&P System allows members of medical staff to have the requisite credentials and privileges to provide appropriate and safe care to patients. The provincial privileging dictionaries will be a key part of the C&P system, with common language, definitions and requirements.

The C&P System includes **AppCentral**, a web-based component of CACTUS. AppCentral is an online module that allows practitioners to submit their appointment and reappointment applications via the Internet when required by a BC Health Authority. It also includes the completion of the provincial privileging dictionaries within AppCentral.

Physicians, dentists, nurse practitioners, midwives and other regulated health care professionals, who are affiliated with a BC Health Authority, will be required to use AppCentral. However, only physicians will use the provincial privileging dictionaries. Ultimately, all practitioners affiliated with a BC Health Authority will use the new online C&P System.

WHY ARE PRACTITIONERS USING APPCENTRAL?

If you are invited to create an AppCentral account it is because a health organization you are currently affiliated with, or are interested in joining, is using AppCentral to credential and privilege medical staff at their health authority. This new online system offers many advantages over conducting these processes manually:

- AppCentral will provide you with convenient online access to apply for your appointment or reappointment in one or more BC Health Authority;
- Your credentialing and privileging information can be easily shared between BC Health Authorities. This will be of benefit especially for locums or visiting staff to submit their applications if they are affiliated with another BC Health Authority;
- Forms and documents can be completed and viewed online via AppCentral. This will significantly reduce the number of paper documents that you will need to mail or upload;
- Document copies required from you, such as copies of certificates, licenses, academic records, profile photos, etc., may be submitted electronically via AppCentral;

- You may securely store documentation in AppCentral for future activities involving the same Medical Affairs office or another health authority's Medical Affairs office;
- The status of each document in AppCentral may be monitored by you and the Medical Affairs office in real time;
- If a document submitted to the Medical Affairs office via AppCentral requires further attention, the credentialing staff may return that document to you using AppCentral with the necessary edits marked/noted for your attention;
- All AppCentral activities are restricted to you and the appropriate authorized Medical Affairs office credentialing staff; and
- Overall, the goal is to save you and health authority staff valuable time and effort by providing more timely, accurate and accessible credentialing and privileging information.

APPCENTRAL END USER TECHNICAL REQUIREMENTS

The following identifies the devices, recommended browsers and operating systems required to use the Provincial Practitioner C&P system, AppCentral, which is the online system for practitioners to submit their appointment and reappointment applications via the Internet.

Computers & Laptops

Devices that may be used to access and use AppCentral include:

- Personal/work computer or laptop
- MACs

The following devices are not recommended to access and use AppCentral:

- iPhones
- iPads
- Androids

Web Browser Compatibility

Web browsers recommended to access and use AppCentral include:

- Internet Explorer (version 9.0 or later)
- Firefox (version 1.5 or later)
- Google Chrome

If you are using a MAC, the following Web browser is recommended:

- Safari

Note:

- JavaScript and Cookie capabilities must be enabled in the selected Web browser.
- Windows XP is not supported.

Other Requirements

- Adobe Acrobat Viewer (version 6.0 or later) for document viewer.
- You will require a printer and scanner to complete your online application.

AppCentral Support Team

For any questions or issues, please contact your Interior Health AppCentral Support team by email at **CactusSupport@interiorhealth.ca**.

PROVINCIAL PRIVILEGING DICTIONARIES

OVERVIEW

A privileging dictionary is discipline specific. All privileging dictionaries were developed by expert panels to delineate core privileges (activities or procedures permitted by virtue of possessing a defined set of credentials) and non-core privileges (activities or procedures requiring additional certification or a period of proctoring).

There are several key components in the Provincial Privileging Dictionary. Each dictionary includes:

1. Description of the discipline
2. Criteria for initial privileges, including current experience
3. Criteria for renewal of privileges
4. Core privileges
5. Core privilege list
6. Non-core privileges
7. Context specific privileges
8. Criteria for returning to currency
9. Steps required to request a privilege not listed in a dictionary.

The Provincial Privileging Dictionaries enable you to:

- Request, add-to, or change a privilege that is available in a dictionary.



EXISTING PRACTITIONERS WILL MAINTAIN THEIR EXISTING APPROVED PRIVILEGES UNTIL THEIR NEXT REAPPOINTMENT.

To view the Provincial Privileging Dictionaries visit the bcmqi.ca website, and click on '**Provincial Privileging Dictionaries**' on the home page.

PRIVILEGES NOT INCLUDED IN THE PRIVILEGING DICTIONARY

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a *Change Request Form* from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process.
2. The practitioner will complete the privileges section of the Change Request Form and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement, indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure, must be evidence-based. Where no supporting literature exists for a specific number, the criteria is established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high-volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee, that the privilege be granted.

DICTIONARY REVIEWS

- Dictionaries will be “frozen” during the Credentialing and Privileging System (CACTUS) implementation and reviews will begin in 2016.
- Processes are being established to document and prioritize requests for changes to dictionaries.
- Criteria to determine the order of the dictionary reviews will be approved by Medical Quality Oversight Committee (MQOC).
- Practitioners with questions or concerns should first speak with medical administration in your own health authority.
- BC MQI office will track all questions and suggestions for change and communicate with initiator.
- Any discrepancies in the 2016 Provincial Privileging Dictionaries will not impact practitioners practice.



TO VIEW THE PROVINCIAL PRIVILEGING DICTIONARIES GO TO THE BC MEDICAL QUALITY INITIATIVE WEBSITE AT BCMQUI.CA. THEY HAVE BEEN POSTED FOR YOUR REFERENCE ONLY.



FOR QUESTIONS OR COMMENTS PLEASE CONTACT YOUR LOCAL MEDICAL AFFAIRS OFFICE OR THE BC MQI OFFICE BY COMPLETING THE [PRIVILEGING DICTIONARY CHANGE REQUEST FORM](#).

CREATING AN APPCENTRAL ACCOUNT

RECEIVING YOUR CP ID

A reappointment memo was issued February 5th from Dr. Peggy Yakimov. This email contains your CPID # (figure 1).

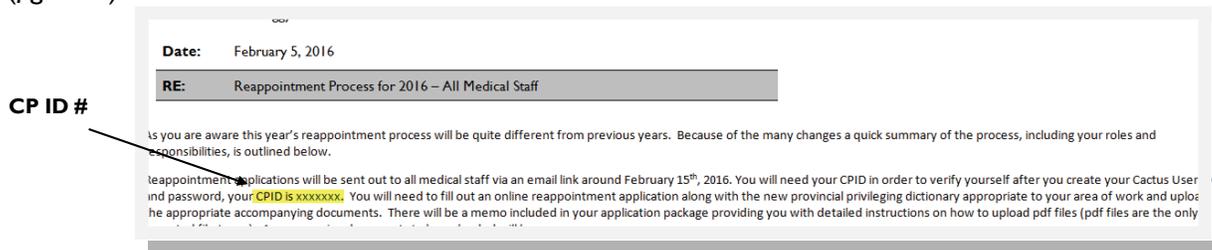


Figure 1

RECEIVING YOUR EMAIL LINK

You will receive an email from your Medical Affairs office (see example below). You must create an AppCentral account using this link. This email contains the link you need to access AppCentral to complete the reapplication process. You can click the link OR cut and paste into your Internet browser (figure 2).

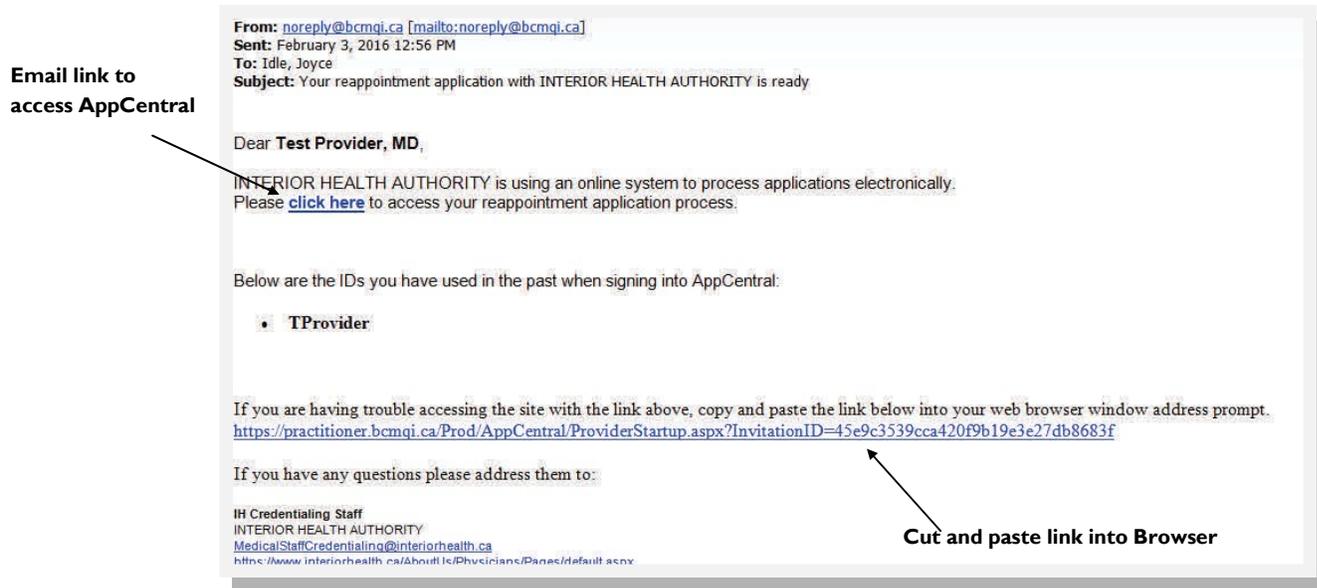


Figure 2

- A second email will be sent to you instructing you to complete your **Certificate of Profession Conduct (CPC)**, and provides links to the BC MQI resources page on the internet.

Cactus ID vs AppCentral ID

The *Cactus ID* is the unique number generated for a practitioner when your credentialer saves your profile in the Visual Cactus Credentialing and Privileging System for the first time (*ID created by Visual Cactus*).

- The number is always 'CP' followed by six digits.
- This number is used as verification by the practitioner, along with your date of birth when you open the first document of an application.
- This ID is emailed to you by the Medical Affairs office.

The *AppCentral ID* is a login name chosen by the practitioner when you set up your AppCentral account.

- Your AppCentral ID can be changed after it has been set up.
- When setting up an AppCentral Account, Cactus verifies that the AppCentral ID is unique.

HOW TO CREATE YOUR APPCENTRAL ACCOUNT

- Click the link provided in the invitation email or cut and paste into your browser. An account must only be created if you have never accessed AppCentral before.
- Click on the **Sign Up** button to create an account.

BC Medical Quality Initiative
BC MQI
INTERIOR HEALTH AUTHORITY

New to AppCentral?
If this is your first time you must create an account specific to AppCentral.

Returning to AppCentral?
AppCentral ID:
Password:

Having trouble accessing your account? [Click here.](#)

Click sign up

Click here if you forgot your AppCentral ID or password

- Complete the required fields (identified by *) to create your AppCentral account.
- Click **View terms of use agreement** link to view. If the terms of use are acceptable, click the **I have read and accept the terms of agreement** checkbox. You cannot create an AppCentral account without agreeing to the terms of use.
- Click the **Create my account** button to complete the account creation process. A confirmation email will be sent to the email address associated with the account.

You create this ID →

First Name:~ [] Last Name:~ []

AppCentral ID:* [] Confirm:* []

Password:* [] Confirm:* []

Weak Medium Strong

Your password must be 8-15 characters in length including at least 1 digit.

Personal Email:* []

Credentialing Contact Email: []

To receive notifications via email about your application process, or to help recover your forgotten password, please provide a contact email address.

Just in case you forget your account info ⓘ

Question 1:* Select a challenge question []

Answer:* []

I have read and accept the terms of use agreement.
View terms of use agreement

Cancel Create my account

* Required

NOTE:

- **AppCentral ID** is a user name that you create to log into AppCentral. (You may wish to use your email address).
- Your **Personal Email** can be the same or different from your **Contact Email** (which is used by Medical Affairs to send your 'invitation link'). If 2 email addresses are entered, Medical Affairs will send emails to both addresses provided.
- The **Credentialing Contact Email** should be left blank.
- Your password must be between 8 and 15 characters long, and contain at least one letter and one number.
- The challenge question and answer will be used in future to reset your password should you forget it.

NAVIGATING ELECTRONIC DOCUMENTS IN APPCENTRAL

4 NAVIGATION METHODS

1. You may **move to next page/previous page** by using the green arrows (*figure 1*).
2. You may **jump to any page** in this series by **clicking the page number** in this pop-up when you hover over the green arrows (*figure 2*).
3. You may jump to any page using the left hand side of the page (*figure 3*).
4. You may jump directly to page indicated using red banner at top of application (*figure 4*).

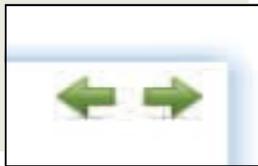


Figure 1 -Green arrows



Figure 2 - Hovering makes page numbers appear

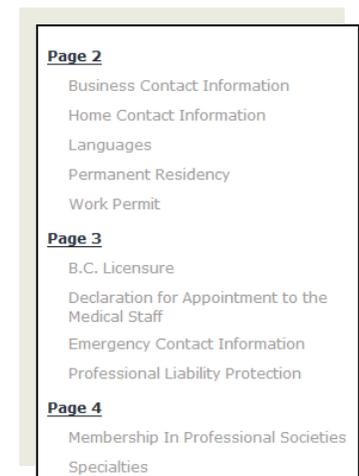


Figure 3 - pages at left side of application

⚠ Please review the entire application for accuracy and completeness. The following fields must be populated to submit the application.

- Fields highlighted in red must be completed or corrected. - 3, 9, 10

Figure 4 - navigate directly to indicated page. Pages 3, 9, & 10 have required fields that must be completed prior to submitting application.



USING THE “BACK BUTTON” ON YOUR INTERNET BROWSER IS NOT RECOMMENDED. YOU MAY RECEIVE AN ERROR MESSAGE AND NEED TO LOG BACK INTO THE APPCENTRAL APPLICATION.

- The red banner above the document tells you the pages that contain fields which must be completed before the document can be submitted to Medical Affairs (*figure 1*).
- **Messages from the Medical Affairs office** to you **will be displayed** on top of the application form, such as “action required” (*figure 2*).

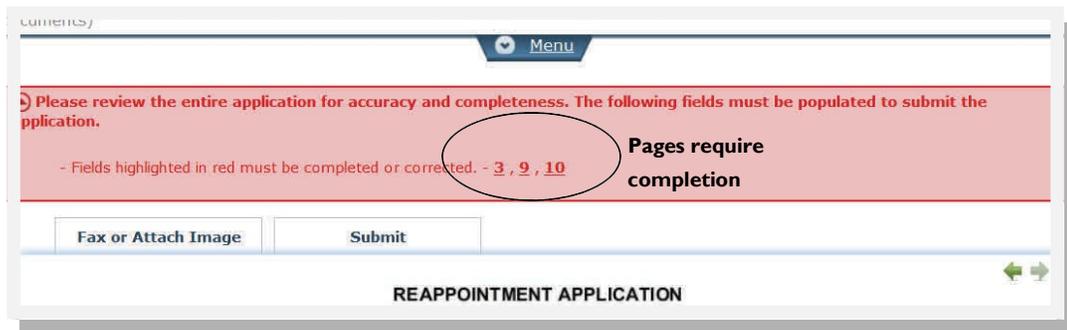


Figure 1

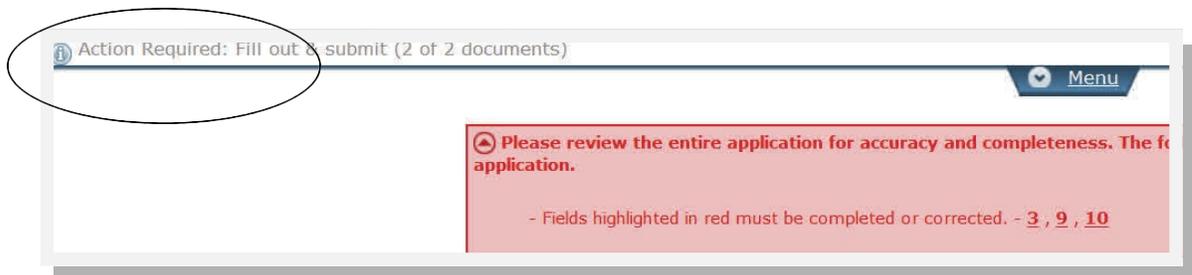
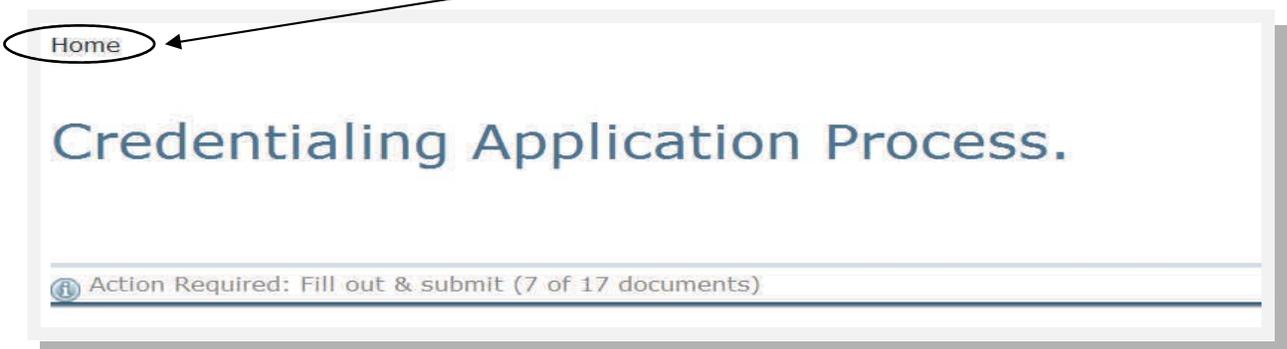


Figure 2

- You can **navigate back to the main home** page by clicking on the **Home** link at the top left corner of page.



⚠ Please review the entire application for accuracy and completeness. The following fields must be populated to submit the application.

- Fields highlighted in red must be completed or corrected. **3, 9, 10** Pages require completion

Figure 1

Primary Department: Select Item		Primary Division: Select Item
Additional Department: Select Item	Additional Department: Select Item	Additional Department: Select Item
Additional Division: Select Item	Additional Division: Select Item	Additional Division: Select Item
Change in restrictions to License or scope of practice (voluntary, self-imposed, imposed):		<input type="checkbox"/> Yes <input type="checkbox"/> No

Figure 2

Fields require completion

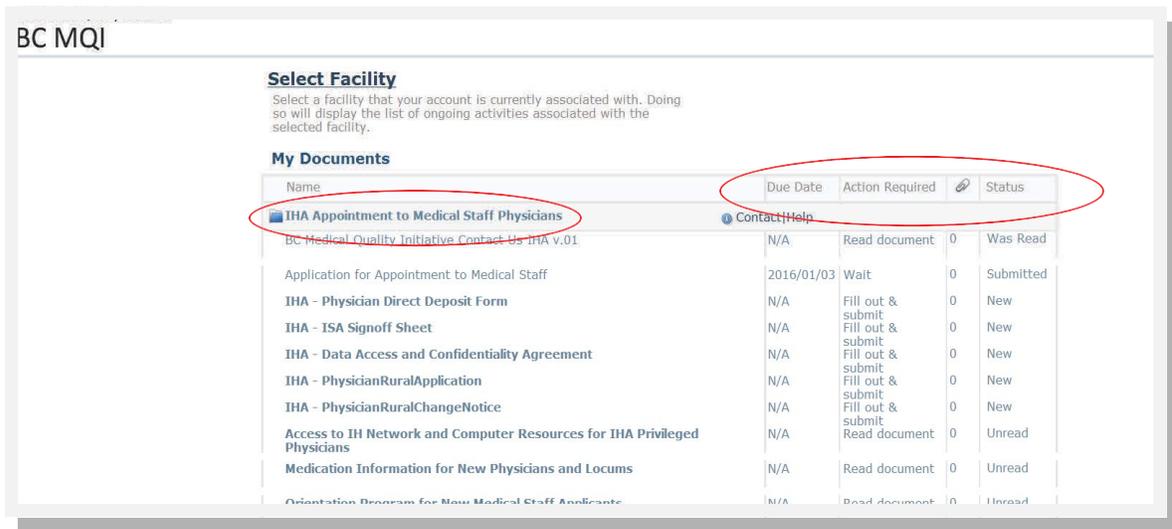
- Red banner indicates which page(s) still require completion. Click on each page in red banner to complete requested field (figure 1).
- **Required fields** are identified on pages that have a **red background** in the navigation banner (figure 2).
- All of the required fields on the page must be completed before the red outline will disappear.
- Once all required fields are completed, green submit button appears for electronic submission of application.
- Fields populated with grey text are ones that cannot be changed. They are pre-populated based on the information that Medical Affairs enters into Visual Cactus.
- Fields with blue text will not import into Visual Cactus. These fields will be entered manually into Visual Cactus by Medical Affairs staff.

⚠ Remember:

1. **To sign out and save your progress, press a green arrow to move to next or previous page.**
2. **The green submit button will only appear when you have completed all required fields from every page of the reapplication.**
3. **Once you have submitted your reapplication, you can no longer attach documents to the reapplication form.**

COMPLETE AN APPLICATION FORM IN APPCENTRAL

Completing/filling out a document in AppCentral begins on the AppCentral Home screen. An appointment process is displayed with each of its related documents listed below the process title.



Condition	Definition
Due Date	Date by which the completed document needs to be submitted by.
Action Required	This identifies the action required by you. There are two types of actions: Fill out & submit documents must be completed and submitted electronically, and Read documents which you only need to open and read.
Paperclip 	This indicates the number of attachments currently attached to the document.
Status	This is the current status of the document.

HOW TO START AN APPLICATION PROCESS

Clicking on any documents in the listing will open that document. If this is the first time any document in the process has been opened, you will be required to correctly answer the questions that appear to authenticate your account before continuing.

Thank you for applying with INTERIOR HEALTH AUTHORITY

Please answer all required questions. and acknowledge the agreement.

I agree to the 'BC Provider Agreement' by 'BC / Provincial Level'. [View Agreement](#)

What is your Cactus ID? (ex: CPxxxxxx)*

What is your date of birth? (YYYY/MM/DD)*

*Required

Figure 1: CPID only requested once when you access the first document of your reapplication form. CPID emailed in February 5th email from Dr. Peggy Yakimov

REQUIRED FIELDS IN THE APPLICATION FORM

When completing documents electronically, the system will guide you by highlighting required fields that must be completed.

1. A red banner above the documents will tell you which pages contain fields that must be filled out before the document can be submitted (*figure 2*).
2. The required/mandatory fields will be outlined in red when empty. The red outlines will disappear once information has been entered into **all of the fields on the page**.

Action Required: Fill out & submit (4 of 17 documents)

[Menu](#)

Please review the entire application for accuracy and completeness. The following fields must be populated to submit the application.

- Fields highlighted in red must be completed or corrected. - 2

Pages: 1 2

Please sign the attached Information Sharing Agreement (ISA) to acknowledge your understanding of your responsibilities in regards to your access (and your MOA's access) to the Interior Health and eHealth Viewer systems, and to provide Interior Health with the necessary details to provision your MOA with access to the eHealth Viewer.

[Why an ISA?](#)

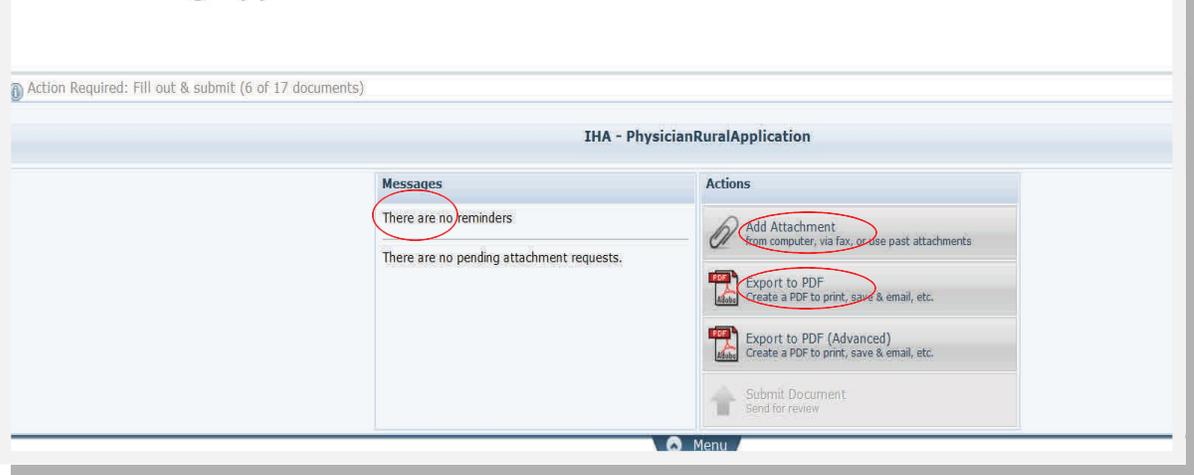
Figure 2: Circles indicate fields are not complete, page 2 has required fields to be completed.

DOCUMENT MENU ITEMS

Some features are available in the drop down document menu in the document header when you click the **Menu** tab.

1. **Messages** - Any messages from the medical affairs office regarding this document will be displayed in this section. This section will also identify the documents that must be attached to your application form.
2. **Actions** - The action choices available to you are displayed in this section:
 - i. **Add Attachment** - This action is used to attach documents and images to an application; and
 - ii. **Export to PDF action** - This action is used to create a PDF version of the document which you can save for your own records. You must have Adobe.

Credentialing Application Process.



TYPES OF PRACTITIONERS

When any of the following practitioner types are selected, an application for **Appointment to Medical staff** is used:

- Physician
- Dentist
- Maxillofacial Surgeon
- Midwife

All other practitioner types will be applying for a **Permit to Practice** at the health authority.

TYPES OF DOCUMENTS AND DUE DATES

There are two different types of documents that are displayed to the practitioner:

- **Read document**
- **Fill out & submit**

My Documents				
Name	Due Date	Action Required		Status
IHA Appointment to Medical Staff Physicians Contact Help				
BC Medical Quality Initiative Contact Us IHA v.01	N/A	Read document	0	Was Read
Application for Appointment to Medical Staff	2016/01/03	Wait	0	Submitted
IHA - Physician Direct Deposit Form	N/A	Fill out & submit	0	Opened
IHA - ISA Signoff Sheet	N/A	Fill out & submit	0	Opened
IHA - Data Access and Confidentiality Agreement	N/A	Fill out & submit	0	Opened
IHA - PhysicianRuralApplication	N/A	Fill out & submit	0	Opened
IHA - PhysicianRuralChangeNotice	N/A	Fill out & submit	0	New
Access to IH Network and Computer Resources for IHA Privileged Physicians	N/A	Read document	0	Unread
Medication Information for New Physicians and Locums	N/A	Read document	0	Unread

A due date can be assigned to a **Fill out & submit** the document. The due date is calculated based on when the invitation is sent to the practitioner.



REMINDER: YOUR REAPPLICATION FORM IS DUE MARCH 31, 2016

From: morephys@cpsolution.ca (mailto:morephys@cpsolution.ca)
 Sent: January 6, 2016 6:01 AM
 To: Idle, Joyce
 Subject: Reminder from INTERIOR HEALTH AUTHORITY

INTERIOR HEALTH AUTHORITY

John Black,

This is a friendly reminder from AppCentral of items in need of your attention. For your reference, the items are listed below:

Overdue Documents
 The following documents have not been received and have passed their due date:

- Application for Appointment to Medical Staff was due on Sunday, January 03, 2016 8:50:46 AM

[Click here to sign into AppCentral and access these items.](#)

If you are having trouble accessing the link above, please copy and paste the entire link below into your web browser URL prompt.
<http://SDWEBCACT006.Phsabc.ehcmnet.ca/AppCentral/ProviderStartup.aspx?param=none&EntityWebID=b0adac23537c48d7900047bbed019b96>

ADD ATTACHMENTS OR DOCUMENTS

REAPPLICATION DOCUMENTS

- Documents and/or images can be attached to any **“Fill out & submit”** form (under Action Required column). Reapplication documents (*license, proof of insurance, current photo & hand hygiene certificate*) should be attached to the **“BC Reappointment Application”** form (circled on left side under Name column).
- Only .pdf, .jpeg, .jpg, .gif documents or images can be attached. They cannot be larger than 4MB.
- To save your progress when uploading documents, use a green arrow button (next page/previous page). This will allow you sign out and back in again, saving your progress.
- At any time prior to submitting the application you can attach a document. Once you hit the green submit button, you are **no longer** able to attach a document to the application without having the medical staff at the health authority return the application to you for updating.

4 Active processes				
My Documents Show completed processes				
Name	Due Date	Action Required		Status
KBH Reappointment-Practice Area Privileges Contact Help				
IH - Contact Us - 2015\11	N/A	Read document	0	Was Read
BC Reappointment Application	N/A	Fill out & submit	0	New
Reappointment to Medical Staff – Practice Area Privileges Contact Help				
Contact Us	N/A	Read document	0	Unread
Reappointment Form	2016/03/19	Fill out & submit	0	Opened
Information Sharing Agreement (ISA) Signoff Sheet	N/A	Fill out & submit	0	New
Additional Sites Form	2016/03/19	Fill out & submit	0	Opened
Emergency Medicine	N/A	Fill out & submit	0	New
Change Request for Privileges not listed in Provincial Privileging Dictionaries				
Change Request Form - Non Dictionary Privileges	N/A	None	0	Accepted



Note:

For reapplications, click the link to this form to attach your license, insurance, photo & hand hygiene certificate.

CHECKLIST

Please refer to the checklist below to gather all required documents before starting your online application form. You may wish to save documents to your desktop.

Copies of the following **must be attached** to your submitted reappointment:

- Proof of current insurance coverage for British Columbia, showing the appropriate work code (ie. Canadian Medical Protective Associate (CMPA), Canadian Dentists Insurance Program, Midwives Protection Program or an equivalent insurer acceptable to IH)
- Proof of Professional College license for British Columbia (current certificate or wallet card showing expiry dates)
- Current passport sized photograph (can be a “selfie” reduced in size)
- Certificate of Completion for the Hand Hygiene Course.

SAVE A DOCUMENT TO YOUR DESKTOP

Images and PDF files can be attached from any file storage drive in your computer. You may find it easiest to attach documents from a centralized area, such as your desktop.

- Right click on your desktop
- Click “New” & “Folder”
- Name the folder (eg: “2016 Reapplication Documents”)
- Scan documents to your email address
- Open the scanned PDF document from the email
- Click “File” & “Save As”
- Click “Desktop”
- Double click the folder you created on your desktop
- Type document title in File Name field (ex: “2016 Hand Hygiene Certificate”)
- Click “Save”

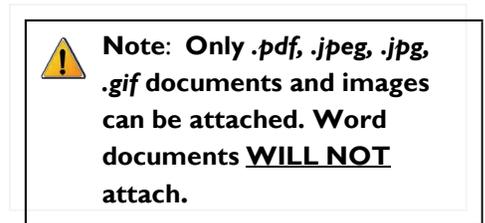
ADDING ATTACHMENTS

There are 2 methods to attach documents in AppCentral:

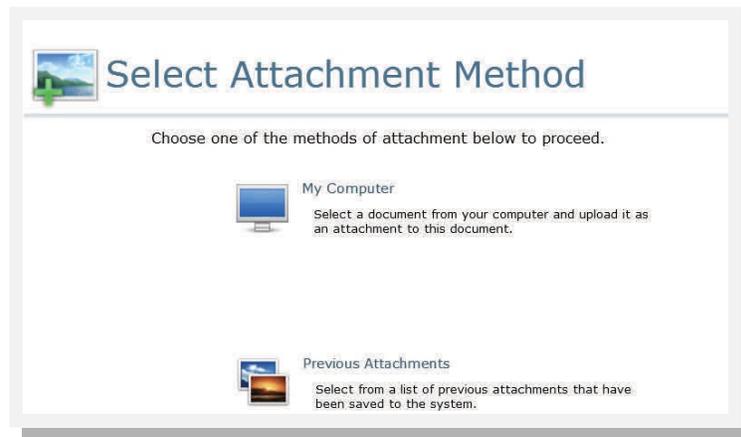
- Using **Fax or Attach Image** tab;
- OR
- Using **Menu** tab

ADDING ATTACHMENTS USING FAX OR ATTACH IMAGE TAB

1. Put your cursor over the **Fax or Attach Image** tab located on the top left side of the application and select **Add License, Photo, Certification, etc.**



2. Choose the method that you would like to use to add the attachment. To upload a document from your computer click on **My Computer**. The **Previous Attachments** option can only be used if you've previously uploaded a document into AppCentral (ex: recent application to another Health Authority).



PLEASE NOTE, THE FAX OPTION IS NO LONGER AVAILABLE

3. When **My Computer** option is selected, the following window is displayed:

Add document

Click "Browse" to select the document you wish to upload, specify a name, and click the "Upload" button.

Name:

Document Type:

Province:

Choose file: File types: image, pdf. File size is limited to 4MB.

Fields on the above window display:

Name: Give the item a specific name (eg: "Copy of License"). This will be the name displayed in the list of attachments when viewing the application.

Document Type: Provides the drop-down list that allows you to identify the type of attachment (eg: "curriculum vitae, photo, current license, etc.")

Province: Some items such as license and insurance documents are specific to a single province. You may designate the province in this field.

Choose File: Locate the document to be uploaded from your desktop via the *Browse* button (eg: *Desktop*).

ATTACH A DOCUMENT/IMAGE

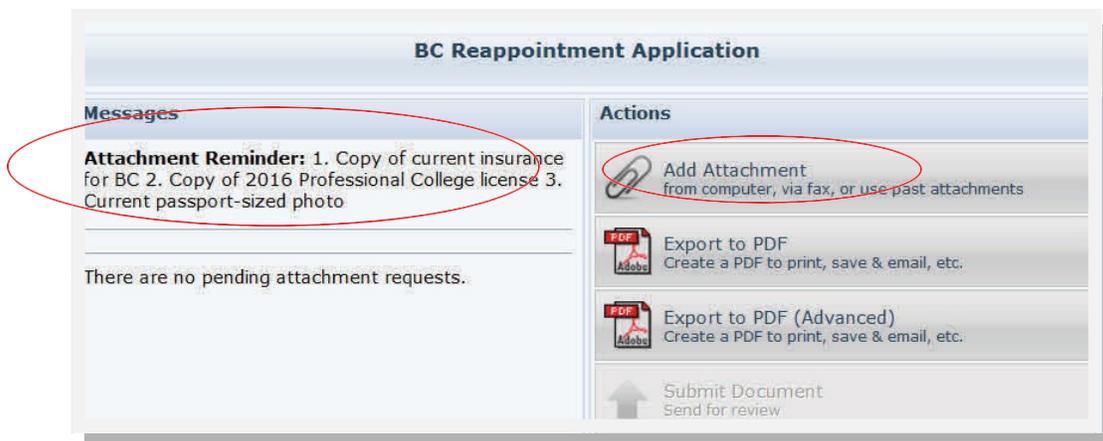
1. Enter a **Name** for the document being attached.
2. Select a **Document Type** from drop down box.
3. Enter a **Province** (BC).
4. Click **Browse** button.
5. Select **Desktop** (very left column) **OR** from wherever you have saved your document
6. Select the file and click **Open** button to return to Add Document screen.
7. Click **Upload** to complete the attachment.
8. **Repeat** this process for all required attachments.

ADDING ATTACHMENTS USING FAX OR ATTACH IMAGE TAB

An image or document can also be attached using the **Menu** at the top of the reapplication form.



When you click Menu, the following screen will appear.



This area also includes an “Attachment Reminder” to highlight the documents that should be attached.

1. Click **Add Attachment**
2. Follow steps 1-8 above “Attach a document/image from your desktop”

A list of successfully attached documents and images can be viewed by hovering your cursor over the **Fax or Attachment Image** tab at the top of the document.



If you are still having difficulty, please reference the following video which shows you how to upload a document just after the 2:00 minute mark.

<http://bcmqi.ca/resource-centre/system-demo-of-appcentral/>

 **Remember:**

1. To sign out and save your progress, press a green arrow to move to next or previous page.
2. The green submit button will only appear when you have completed all required fields from every page of the reapplication.
3. Once you hit the green submit button on your reapplication, you can no longer attach documents to the reapplication form. You will need to contact your Medical Affairs office to request your reapplication form be sent back to you.

AppCentral Support Team

For any questions or issues, please contact your Interior Health AppCentral Support team by email at **CactusSupport@interiorhealth.ca**.

PROVINCIAL PRIVILEGE REQUEST FORMS

The **Provincial Privilege Request** form(s) are automatically added to the Application package based on the practitioner's specialities. The form(s) are always located at the end/bottom of the list of documents to review (circled below).

- Documents should be completed starting from top to bottom. Complete the first document in the list (under name column) and move down to the last document in the list. Only forms with actions to be completed will be accessible by clicking on them.

Active processes				
My Documents Show completed processes <input type="checkbox"/>				
Name	Due Date	Action Required		Status
Reappointment to Medical Staff – Practice Area Privileges Contact Help				
Contact Us	N/A	Read document	0	Unread
Reappointment Form	2016/03/19	Fill out & submit	0	Opened
Information Sharing Agreement (ISA) Signoff Sheet	N/A	Wait	1	Submitted
Additional Sites Form	2016/03/19	None	1	Accepted
Emergency Medicine	N/A	Fill out & submit	0	New
Change Request for Privileges not listed in Provincial Privileging				



THE PROVINCIAL PRIVILEGING DICTIONARIES ARE REFERRED TO BY PRACTICE AREA, FOR EXAMPLE, EMERGENCY MEDICINE, AS SHOWN ABOVE.

The Provincial Privilege Dictionary Request form has four different types of privileges that can be requested:

- Core Privileges:** Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.
- Non-Core Privileges:** Non-core privileges are permits for activities that require further training, experience and demonstrated skill.
- Context-Specific Privileges:** Context refers to the capacity of a facility to support an activity.
- Additional Privileging:** This includes privileges which are currently offered in your health authority, but which have not yet been discussed and agreed upon provincially for inclusion in a privileging dictionary.

A privilege can be requested by selecting “**Requested**”. If a privilege is not wanted, then select “**Not Requested**”. There are 4 types of privileges you must select Requested or Not Requested for: Core Privileges, Non-Core Privileges, Context Specific Privileges & Additional Privileges.

If there is a procedure included with the privilege that you do not want to practice, then it needs to be indicated in the “**Comments**” text box (highlighted below).

All of the privileges listed in the request form need to be either **Requested** or **Not Requested** before submitting the request form. You must sign and date the document before the green **Submit** button appears at the bottom of the form.

SUBMITTING YOUR APPLICATION

The green submit button only appears when ALL required fields/information has been completed.

- A red banner is produced to highlight pages with fields that still need completion (figure 1).
- Red outlined fields indicate required fields that need to be completed (figure 2).

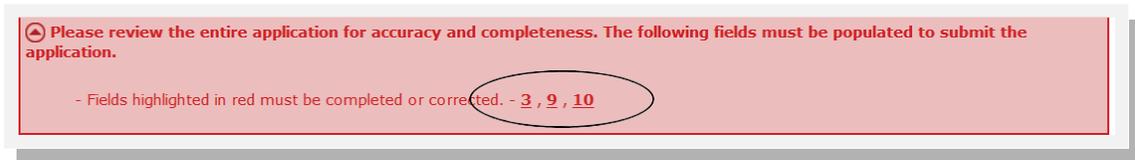


Figure 1: Indicates pages 3, 9 & 10 require completion prior to green submit button appearing

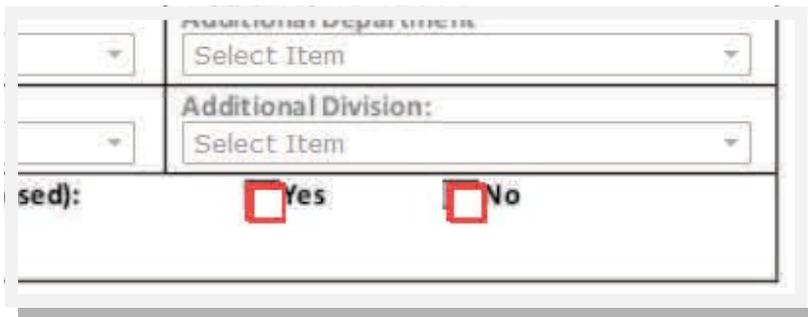


Figure 2: Red outline indicates fields require completion before green submit button will appear



**ONLY WHEN ALL
REQUIRED FIELDS
ARE ENTERED WILL
GREEN SUBMIT
BUTTON APPEAR.**

HOW TO NAVIGATE DIRECTLY TO PAGES THAT HAVE REQUIRED FIELDS

1. You may **move to next page/previous page** by using green arrows (figure 3).
2. You may **jump to any page** in this series by **clicking the page number** in this pop-up when you hover over the green arrows (figure 4).
3. You may jump to any page using the left hand side of the page (figure 5).
4. You may jump directly to page indicated using red banner at top of application (figure 6).



Figure 3 - Green arrows



Figure 4 - Hovering



Figure 6 - navigate directly to indicated page using red banner

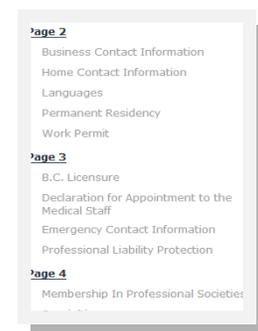


Figure 5 - pages, left side of page

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.

All fields are required to be completed prior to submission. The green submit button will not appear until **ALL** mandatory fields are completed.

- The submit button at the top of the application form is the only place where you can include a message for Medical Affairs. This option is not available on the bottom submit button (*figure 1*).



⚠ YOUR MESSAGE WILL ONLY BE SENT TO MEDICAL AFFAIRS IF YOU SUBMIT THE APPLICATION USING THE SUBMIT BUTTON AT THE TOP OF THE APPLICATION FORM (UNDERNEATH THE MESSAGE).

Figure 1 - Submit button at top of application form.

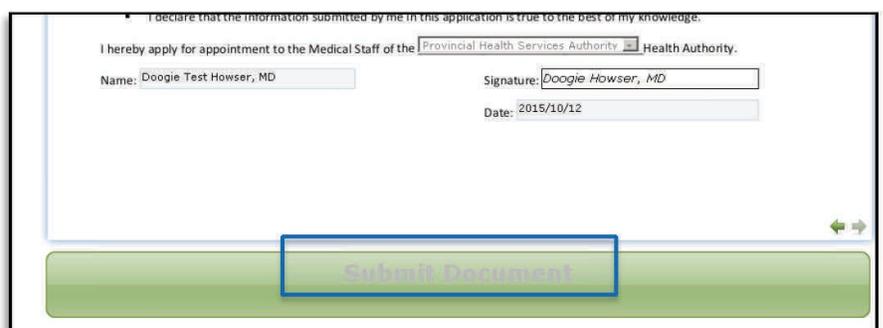


Figure 2 - Submit button at bottom of application form.

DECLARATION FORM

You are required to sign the **Declaration for Appointment to the Medical Staff** form. The form is completed as a part of the application process and can be signed and submitted using *eSignature*.

- The declaration is on the second-to-last page of both application forms (*medical staff & permit to practice*). Each question can be answered by selecting the appropriate **checkbox**.
- If you answer **YES** to any of the questions in the declaration, you must contact Medical Affairs directly. See “*Credentialing Department, Who to Contact*” list following this section.

DECLARATION FOR APPOINTMENT TO THE MEDICAL STAFF		
If the answer to any of the following questions is “yes”, please give full details in the text box that will pop up. Answering “yes” to any of the questions does not necessarily preclude appointment to the Medical Staff. The Health Authority will use this information to assess your ability to deliver appropriate patient care.		
	YES	NO
Based on your personal history, your present circumstances or any professional opinion or advice you have received, do you have any condition that may impair your ability to deliver appropriate patient care or carry out the duties of your position?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever:	YES	NO
<ul style="list-style-type: none"> suffered from a physical or mental ailment, an emotional disturbance or problem related to drugs or alcohol use that affected your ability to deliver appropriate patient care? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Your signature is entered as an *eSignature* on the last page of the application form. You need to type your name and enter the date to *Sign* the application before it is submitted. To enter today’s date, type “t” in the field date.

In signing this document:

- I acknowledge I have read and understand the points in the above Declaration and Acknowledgment.
- I declare that the information submitted by me in this application is true to the best of my knowledge.

I hereby apply for appointment / employment to the Medical Staff / Personnel of the Health Authority.

I hereby certify that I have personally completed this form and that the information provided herein is true, complete and accurate. If, following the completion of this form, there is any change to the information provided in this form, I will inform the Health Authority immediately with full details of that change. I understand that it is professional misconduct to make a false or misleading report to the .

<input type="text" value="Test Provider, MD"/>	<input type="text" value="Test Provider"/>	<input type="text" value="January 12, 2016"/>
Applicant Name	Electronic Signature (Please Type Name)	Date (YYYY/MM/DD)

You can save your reapplication form to a PDF document and save it locally, if desired. This option is available under **Menu**.

Application for Appointment to Medical Staff

<p>Messages</p> <p>Attachment Reminder: Proof of Malpractice insurance Current license Passport sized photo no older than one year Graduate and post graduate degrees Current CV Specialty certifications Skills / training certifications</p> <p>There are no pending attachment requests.</p>	<p>Actions</p> <ul style="list-style-type: none"> Export to PDF Create a PDF to print, save & email, etc. Export to PDF (Advanced) Create a PDF to print, save & email, etc. View DOM XML View the XML of the document object model
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Menu

MEDICAL AFFAIRS OFFICE- WHO TO CONTACT

As you are aware, credentialing services has been centralized, and your site has a specific credentialing assistant with whom you will work with for your appointments and reappointments. As you work through your reappointments this year, you will be communicating with your credentialer. In addition to the support being offered to you by the training team, your credentialer will help you through the process.

FACILITY	CITY	C&P ASSISTANT	CONTACT INFORMATION
Kelowna General Hospital Public Health (IH)	Kelowna	Julie Koivisto: <i>Dentistry, DI, ER, FP, Hospitalist, Lab, Midwifery, Psych</i>	julie.koivisto@interiorhealth.ca Phone: 250-469-7070, ext 13870 Fax: 250-870-4795 Hours: 0730 - 1530
Kelowna General Hospital	Kelowna	Nadine Hansen <i>(For KGH ANA, Cardiac Services, Medicine, NP, ObsGyne, Peds, Surgery, incl. Ophthalmology)</i>	nadine.hansen@interiorhealth.ca Phone: 250-868-5200, ext 70845 Fax: 250-870-4795 Hours: 0730 - 1530
Royal Inland Hospital Hillside/Southills	Kamloops	JP Babcock	jp.babcock@interiorhealth.ca Phone: 250-469-7070, ext. 13809 Fax: 250-870-4795 Hours: 0730 – 1530
Penticton Regional Hospital Princeton General Hospital South Okanagan General Hospital Summerland Health Centre	Penticton Princeton Oliver/Osoyoos Summerland	Kim Killins	kim.killins@interiorhealth.ca Phone: 778-622-0211, ext 30004 Fax: 250-492-9068 Hours: 0800 - 1600
Nicola Valley Hospital & Health Centre Pleasant Valley Health Centre Vernon Jubilee Hospital	Merritt Armstrong Vernon	Lorri Depourcq	lorri.depourcq@interiorhealth.ca Phone: 778-622-0211, ext 30003 Fax: 250-492-9068 Hours: 0730 - 1530
Cariboo Memorial Hospital Dr. Helmcken Memorial Hospital 100 Mile & District General Hospital Lillooet Hospital Queen Victoria Hospital Shuswap Lake General Hospital	Williams Lake Clearwater 100 Mile House Lillooet Revelstoke Salmon Arm	Sandy Russell	sandy.russell@interiorhealth.ca Phone: 778-362-6870, ext 10340 Fax: 250-870-4795 Hours: 0630 - 1430
Kootenay Boundary Regional Hospital Kootenay Lake Hospital	Trail Nelson	Cheryl Askew	cheryl.askew@interiorhealth.ca Phone: 250-512-0114, ext 45702 Fax: 250-870-4795 Hours: 0730 – 1530

FACILITY	CITY	C&P ASSISTANT	CONTACT INFORMATION
Boundary Hospital Castlegar & District Community Health Centre East Kootenay Regional Hospital Elkford Health Centre Slocan Community Health Centre Sparwood Health Centre Victorian Community Health Centre	Grand Forks Castlegar Cranbrook Elkford New Denver Sparwood Kaslo	Kayla Bakker	kayla.bakker@interiorhealth.ca Phone: 250-868-5200, ext. 11458 Fax: 250-870-4795 Hours: 0800 – 1600
Arrow Lakes Hospital Ashcroft Hospital & Community Health Centre Barriere Health Centre Chase & District health Centre Creston Valley Hospital Elk Valley Hospital Enderby Community Health Centre Golden District Hospital Invermere District Hospital Logan Lake Health Centre St. Bartholomew's Health Centre South Similkameen Health Centre	Nakusp Ashcroft Barriere Chase Creston Fernie Enderby Golden Invermere Logan Lake Lytton Keremeos	Jessica Arneson	jessica.arneson@interiorhealth.ca 778-362-6810, ext. 10453 Fax: 250-870-4795 Hours: 0700 - 1500
IH Credentialing and Privileging Coordinator		Ladawn Yager	ladawn.yager@interiorhealth.ca Phone: 250-469-7070, ext. 12232 Fax: 250-870-4795 Hours: 0800 - 1600
June 4, 2021			

AppCentral Support Team

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RECOVER APPCENTRAL ID OR PASSWORD

You will be able to recover your password by going to the AppCentral web login screen at <https://practitioner.bcmqi.ca/Prod/AppCentral/ProviderStartup.aspx?InvitationID=45e9c3539cca420f9b19e3e27db8683f> (figure 1). You have the option of selecting from the following 3 options (figure 2):

1. I forgot my password.
2. I forgot my AppCentral ID.
3. I forgot my AppCentral ID and Password, and no longer have access to the email associated with my AppCentral account.

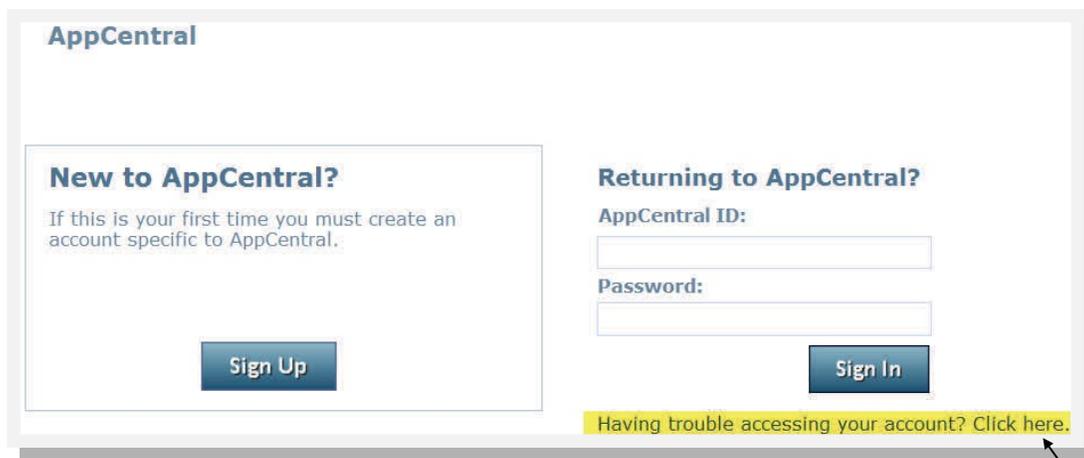


Figure 1 – AppCentral web login screen



Figure 2 – Three options to retrieve password

FORGOT MY PASSWORD

1. Select “**Having trouble accessing your account?**” from the AppCentral home screen.
2. Click on “**I forgot my password**”.
3. Enter your AppCentral details to restore access to your account.
4. A confirmation page is displayed confirming that an email has been sent to you (*figure 1*).
5. An email is generated with instructions.

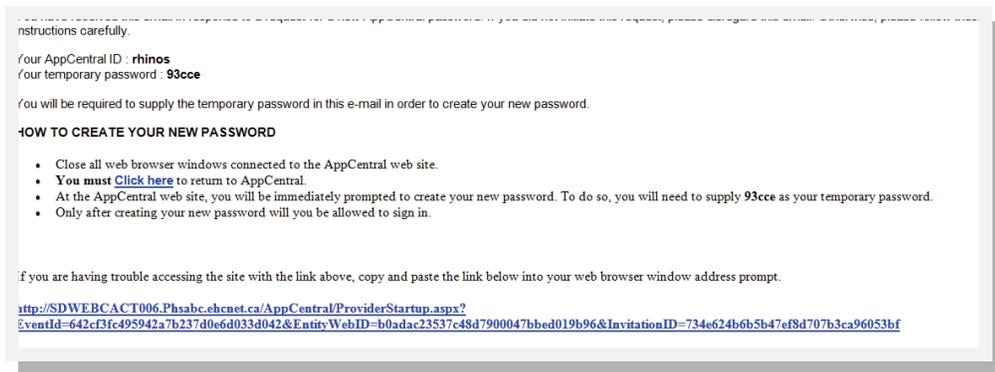


Figure 1: Email generated with email instructions to create your new password in AppCentral

FORGOT YOUR APPCENTRAL PASSWORD?

1. Select “**I forgot my AppCentral ID**”.
2. Enter the **email** and **last name** used for the AppCentral account.
3. A confirmation page is displayed indicating instructions will be emailed to you (*figure 2*).
4. An email is generated with the AppCentral ID.

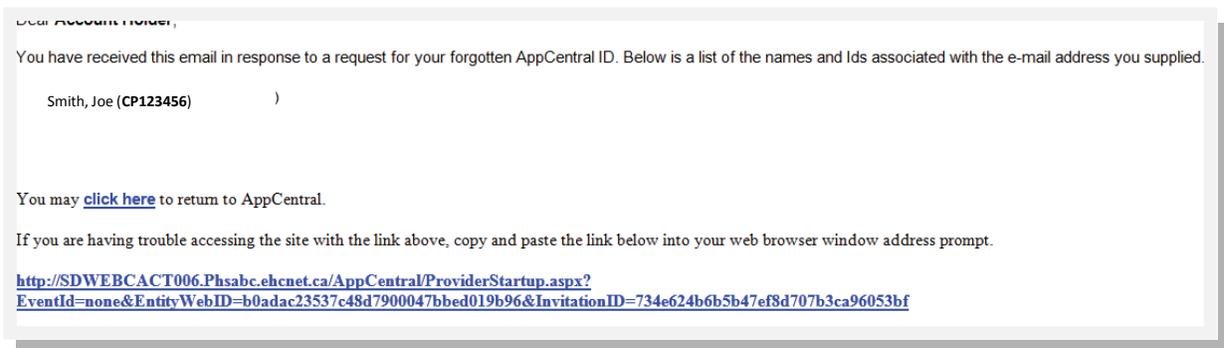


Figure 2: Email generated with email instructions AppCentral ID.

I FORGOT MY APPCENTRAL ID & PASSWORD AND NO LONGER HAVE THE EMAIL ASSOCIATED WITH APPCENTRAL ACCOUNT

1. Select “***I forgot my AppCentral ID & password and no longer have access to the email associated with AppCentral Account***”.
2. Enter the ***first name, last name, and AppCentral ID***” used for the AppCentral account (figure 1).
3. Answer the challenge question that was selected when the account was initially created.
4. A confirmation screen is displayed to sign back in (figure 2).

No longer have access to your email?

1. Enter the user name for the account.

First Name:*

Last Name:*

2. Enter up to 3 AppCentral IDs possibly associated with the account.

AppCentral ID (1):*

AppCentral ID (2):

AppCentral ID (3):

If you used your email address as your account ID when you created your account, you may enter it as your AppCentral ID.

*Required

Figure 1: Enter first & last name & AppCentral ID

Your AppCentral account has been located.

You will now need to verify your e-mail address and create your new password before you can sign in.

Your current AppCentral ID:

Your current email Address:

Update and confirm your new email address.

Personal email:*

Confirm personal email:*

Enter and confirm your new password.

New Password:*

Confirm Password:*

*Required

Figure 2: Create new password



REMEMBER:

The *AppCentral ID* is the login name chosen by you when you set up your AppCentral account.

AppCentral Support Team

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