Medical Staff Office

Request for Application

Current CV needs to be attached

|  |  |
| --- | --- |
| Provider Legal Name and Degree |  |
| Provider DOB:  |
| If APP (PA, NP) list collaborating physician:  |
| Department provider will be joining or type of privileges requesting:  |
|  |
| Need Admitting Privileges [ ]  Yes [ ]  No  |
| Provider Valid Email:  |
| Estimated Start Date:  |
| Provider Status (Article VII MS Bylaws): Active \_\_\_\_\_\_ Community Active \_\_\_\_\_\_ Affiliate \_\_\_\_\_\_ Consulting\_\_\_\_\_ Courtesy \_\_\_\_\_\_ Telemedicine Privileges Only \_\_\_\_\_\_\_ Teleradiology Privileges Only \_\_\_\_\_\_ |
| Administrative Contact Name/Email: |
| Primary Practice Name: |
| Primary Practice Address: |
| Primary Practice Phone and Fax:  |
| Credentialing Contact Name and Address:  |
| Will provider be applying for Princeton Malpractice Insurance? [ ]  Yes [ ]  No |
| PCP Provider or Specialists? [ ]  PCP Provider [ ]  Specialist |
| If PCP will you have a patient Panel [ ]  Yes [ ]  No |
| Employed by HMC: [ ]  Yes [ ]  No | Joining Hunterdon Healthcare Partners (HHP)? [ ]  Yes [ ]  No |
| Call Coverage Plans:  |
| Did you make a recommendation to the Needs Committee: [ ]  Yes [ ]  No |