Medical Staff Office

Request for Application

Current CV needs to be attached

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| 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 | | |