



Application for Medical Staff

Name _____ Date of Birth _____

NPI Number _____ Fed. Tax ID Number _____ UPIN _____

Primary Office Address

Primary Home Address

Office Number _____ Home Number _____

Cell/Pager Number _____ Fax Number _____

Medical School _____ Year Graduated _____

Licensure: State _____ License Number _____

State _____ License Number _____

Board Certification YES _____ NO _____ (If yes, indicate the Specialty Board, Date of Certification, and Certification Number):

Board Eligibility YES _____ NO _____

Subspecialty Certification YES _____ NO _____ (If yes, indicate the Specialty Board, Date of Certification, and Certification Number):

Professional Societies:

Hospital Staff
Privileges:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Substitute Physician(s) who will accept call for you:

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been sued for Medical Malpractice in court or in any arbitration/proceeding?
YES_____ NO_____. If yes, state the details of each claim against you, including the parties and dates involved, nature of the allegations against you, present status of case, and the amount of any judgment or settlement paid on your behalf. (Attach on a separate sheet of paper)

Have you ever been subjected to any disciplinary action by any State or local medical authority?
YES_____ NO_____ If yes, please explain:

Have you ever been (or are you presently) subject to any disciplinary proceeding by any medical organization or professional peer review committee? YES_____ NO_____

Have you ever been convicted of a felony or any other offense(s)? YES_____ NO_____ If yes, list dates and nature of offense(s) on separate sheet of paper and attach. A conviction does not necessarily exclude you from employment clearance.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature

Date