

REQUEST FOR MEDICAL STAFF APPLICATION

The applicant's Curriculum Vitae must accompany this completed form. Date: _____

Practitioner Name: _____ Title (degree): _____

Specialty: _____ Social Security #: _____ NPI#: _____

Do you plan to establish, or have you established an office near the hospital? Yes No

Solo Practice Joining: _____
Please list the name(s) of physician(s) that you are joining

Office Name: _____

Office Address: _____

Telephone: _____ Fax: _____ Email: _____

Board Certified/Eligible: Yes: No: AMBS: AOA: Other: _____

Is the applicant in a current residency program? Yes No

If yes, year Residency/Fellowship completed: _____

Does the applicant hold a current State of Michigan license? Yes No

If yes, State of Mich. License #: _____

If no, Date applied for State of Mich. License: _____

1. To what extent do you anticipate using the facilities and services at Botsford Hospital? _____

2. Are you currently appointed to the Medical Staff of any other hospital? Yes No

If **Yes**, please list other hospitals: _____

3. Have you actively practiced in your field in the previous 24 months (or have completed a 12-month residency/fellowship within the last 18 months)? Yes No

4. Are you currently/or were ever under investigation with any licensing board? Yes No

If **Yes**, please explain: _____
