Hospital Privileges (Current) Supplemental Form

* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 5	Hospital Affiliations
Hospital Privileges	OTHER HOSPITAL
Use this form to	HOSPITAL NAME
hospitals where you currently have privileges.	NUMBER STREET SUITE/BUILDING
If you need to report additional space for Hospital Privileges, photocopy this page as needed and submit as instructed.	CITY STATE ZIP CODE
	TELEPHONE FAX
TIP Be certain your admission percentages	DEPARTMENT NAME
add up to 100% for current hospitals. Otherwise, you will have to correct this error.	DEPARTMENT DIRECTOR'S LAST NAME
	DEPARTMENT DIRECTOR'S FIRST NAME
	M M Y Y Y Y M M M Y Y Y FULL, UNRESTRICTED YES NO ARE PRIVILEGES PRIVILEGES? AFFILIATION START DATE AFFILIATION END DATE
	OF YOUR TOTAL ANNUAL ADMISSIONS, WHAT PERCENTAGE IS TO THIS HOSPITAL? ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY)
	PLEASE EXPLAIN TERMINATED AFFILIATION
	THIS SPACE HAS BEEN PURPOSELY LEFT BLANK
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