

PREVIOUS HOSPITAL WHERE YOU HAVE HAD PRIVILEGES		AFFILIATION DATES (MM/YYYY TO MM/YYYY)	
ADDRESS			
CITY		STATE/COUNTRY	POSTAL CODE
FULL UNRESTRICTED PRIVILEGES? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPES OF PRIVILEGES (PROVISIONAL, LIMITED, CONDITIONAL, ETC.)		WERE PRIVILEGES TEMPORARY? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR DISCONTINUANCE			
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