

OTHER HOSPITAL WHERE YOU HAVE PRIVILEGES			START DATE (MM/YYYY)
ADDRESS			
CITY		STATE/COUNTRY	POSTAL CODE
PHONE NUMBER	FAX	E-MAIL	
FULL UNRESTRICTED PRIVILEGES? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPES OF PRIVILEGES (PROVISIONAL, LIMITED, CONDITIONAL, ETC.)		ARE PRIVILEGES TEMPORARY? <input type="checkbox"/> Yes <input type="checkbox"/> No
OF THE TOTAL NUMBER OF ADMISSIONS TO ALL HOSPITALS IN THE PAST YEAR, WHAT PERCENTAGE IS TO THIS SPECIFIC HOSPITAL?			
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