OTHER HOSPITAL WHERE YOU HAVE PRIVILEGES			START DATE (MM/YYYY)
ADDRESS			
CITY STATE/COUNTRY POSTAL			POSTAL CODE
PHONE NUMBER	FAX	E-MAIL	
FULL UNRESTRICTED PRIVILEGES?  Yes No	TYPES OF PRIVILEGES (PROVISION	NAL, LIMITED, CONDITIONAL, ETC.)	ARE PRIVILEGES TEMPORARY?  ☐ Yes ☐ No
OF THE TOTAL NUMBER OF ADMISSIONS T	TO ALL HOSPITALS IN THE PAST YEAR,	, WHAT PERCENTAGE IS TO THIS SPECIFI	C HOSPITAL?
OTHER HOSPITAL WHERE YOU HAVE PRIVILEGES			START DATE (MM/YYYY)
ADDRESS			
CITY		STATE/COUNTRY	POSTAL CODE
PHONE NUMBER	FAX	E-MAIL	
FULL UNRESTRICTED PRIVILEGES?  Yes No	TYPES OF PRIVILEGES (PROVISIONAL, LIMITED, CONDITIONAL, ETC.)		ARE PRIVILEGES TEMPORARY?  ☐ Yes ☐ No
OF THE TOTAL NUMBER OF ADMISSIONS 1	TO ALL HOSPITALS IN THE PAST YEAR,	, WHAT PERCENTAGE IS TO THIS SPECIFI	C HOSPITAL?
OTHER HOSPITAL WHERE YOU HAVE PRIV	ILEGES		START DATE (MM/YYYY)
ADDRESS			
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PHONE NUMBER	FAX	E-MAIL	
FULL UNRESTRICTED PRIVILEGES?  ☐ Yes ☐ No	TYPES OF PRIVILEGES (PROVISION	NAL, LIMITED, CONDITIONAL, ETC.)	ARE PRIVILEGES TEMPORARY?  ☐ <i>Yes</i> ☐ No
OF THE TOTAL NUMBER OF ADMISSIONS T	TO ALL HOSPITALS IN THE PAST YEAR,	, WHAT PERCENTAGE IS TO THIS SPECIFI	C HOSPITAL?
OTHER HOSPITAL WHERE YOU HAVE PRIVILEGES			START DATE (MM/YYYY)
ADDRESS			1
CITY		STATE/COUNTRY	POSTAL CODE
PHONE NUMBER	FAX	E-MAIL	
FULL UNRESTRICTED PRIVILEGES?  ☐ Yes ☐ No	TYPES OF PRIVILEGES (PROVISION	NAL, LIMITED, CONDITIONAL, ETC.)	ARE PRIVILEGES TEMPORARY?  ☐ Yes ☐ No
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