

Weill Cornell Imaging



REQUEST FOR MEMBERSHIP TO THE MEDICAL STAFF FORM

☐ Initial Appointment ☐ Reappointment

Name: _____

- ☐ Clinical Instructor
- ☐ Assistant Attending Radiologist
- ☐ Associate Attending Radiologist
- ☐ Attending Radiologist

Privileges Requested:

- ☐ Core Diagnostic Image Interpretation
- ☐ US-Guided Breast Interventions
- ☐ Stereotactic Core Biopsy
- ☐ Needle Localization (Breast)
- ☐ MRI guided biopsy/aspiration/intervention
- ☐ Arthrography
- ☐ Myelography

I am applying/re-applying for membership to the medical staff of Weill Cornell Imaging at NewYork Presbyterian. I have reviewed and agree to abide to the by-laws of the medical staff of Weill Cornell Imaging at NewYork-Presbyterian.

I understand that acceptance of my application is contingent on complying with the requirements for appointment to medical staff as stated in the by-laws.

Signature: _____

Date: _____

Weill Cornell Imaging



For QA Committee Use:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Weill Cornell Faculty Appointment | <input type="checkbox"/> NYPH DOP/Appt |
| <input type="checkbox"/> LOR | <input type="checkbox"/> NYPH Source Verification | <input type="checkbox"/> CV |
| <input type="checkbox"/> NYS License | <input type="checkbox"/> DEA | <input type="checkbox"/> Board Certification |
| <input type="checkbox"/> WHS | <input type="checkbox"/> Liability | <input type="checkbox"/> Quality Review |
| <input type="checkbox"/> Picture ID | <input type="checkbox"/> BLS | |

Reviewed by: _____

Date: _____

WCINYP Approval by: _____

Date: _____

Board Approval: _____