

MEMORIAL REGIONAL HOSPITAL • MEMORIAL REGIONAL HOSPITAL SOUTH • JOE DIMAGGIO ♥CHILDREN'S HOSPITAL MEMORIAL HOSPITAL HOSPITAL MEMORIAL HOSPITAL MEMORIAL HOSPITAL PEMBROKE

## **Application Request**

PHONE: 954-844-4430 FAX: 954-965-6468

It is requested the Medical Affairs Credentialing Department provide Portal Application access for the following practitioner: \*Practitioner will receive two emails with: 1) a link to the Portal Application and 2) a secure password for access. Practitioner's Name: First Name Middle Last Name **Gender**: □ Male □ Female □ OTHER: \_\_\_\_\_ Date of Birth: \_ **Degree:** □ MD □ DO □ DPM Specialty: \_\_\_\_\_ APP's/AHP's only – Sponsoring Physician: \_\_\_\_ Practitioner's Email Address: Credential Contact Email Address: (Note: Credential Contact/Delegate will receive their own login and secure password for access) Cell Phone: (\_\_\_\_\_)\_\_\_\_ Office Phone: (\_\_\_\_\_) Application Request Date: **NOTE:** Application processing time for Initial Appointment can run between 60 to 90 days from receipt of a completed application. Target/Desired Start Date Processing time for expedited applications can run between 30 – 60 Days. Yes\_\_\_\_ No Is practitioner being employed by Memorial Healthcare System? Does practitioner have a previous affiliation with MHS? Yes No Type of Application requested: □ Initial Appointment (New member with clinical privileges) □ Expedited (For current staff members adding an MHS facility) MHS facilities to which practitioner is making application (please check box(es): ☐ Memorial Regional Hospital/Memorial Hospital South ☐ Memorial Hospital West ☐ Memorial Hospital Pembroke ☐ Memorial Hospital Miramar ☐ Joe DiMaggio Children's Hospital Additional Comments: \_\_\_\_\_ Application Requested by: Name/Title/Contact Number Application Launched by: ID# Issued:

SCAN COMPLETED REQUEST INTO MSOW