

Stanford Hospital & Clinics
Medical Staff Services
300 Pasteur Drive, MC5288
Stanford, CA 94305

PH (650)725-6021
FAX (650) 725-0297

**Credentialing Department
New Applicant Request Form**

Please Fill out and Fax to Credentialing Department:

Today's Date:

Requested Start Date:

*** Last Name:**

*** First Name:**

***MI:**

***Degree:**

SS#:

Sex (M/F):

***DOB:**

Facility: SHC LPCH Both

Will you be Faculty Community?

***Department:**

Specialty:

***Medical Board of CA
License:**

Issued:

Expires:

***How much volume do you anticipate over the next two years?**

***Why are you requesting privileges?**

Are you currently in a fellowship anywhere? SHC LPCH

Another Hospital **Where** _____

Outside Clinic **Where** _____

Will you be requesting Moderate Sedation for SHC and/or LPCH? SHC LPCH

Contact Information:

Home Address:

Cell Phone #:

Pager #:

Work Phone #:

Work Fax #:

***Physician's E-mail:**

Other Contact E-mail (AA's etc.):

Requestor Other Than Provider:

*** Mandatory information required**

To be filled out by Credentialing:

ID # _____ **Credential Coordinator:** _____