



## QUAD A

7500 Grand Ave, Suite 200  
Gurnee, IL 60031  
888-545-5222 Fax: 847-775-1985

## Current Staff Identification Form

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**Name of Practitioner (Please Indicate Credentials - MD, DO, MD/DDS, DPM)**

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**State Medical License #**

**Specialty(s)**

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**ABMS/AOABOS Certifying Board**

**Year Certified or Year Eligible**

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**Local Accredited or Licensed Acute Care Hospital at Which Doctor Has Current Admitting Privileges**

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**Department or Section**

**Has or has held unrestricted privileges in their specialty at an accredited or licensed acute care hospital within 30 minutes of this facility for all procedures that they perform at this facility?**

- No  
 Yes

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**List Hospital(s)**

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**List Hospital(s)**