

Current Staff Identification

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

State Medical License #

Specialty(s)

ABMS/AOABOS Certifying Board

Year Certified or Year Eligible

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

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

List Hospital(s)

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