

### New Applicant Request Form

To initiate the credentialing process, please forward this completed form to [medstaff@stanfordhealthcare.org](mailto:medstaff@stanfordhealthcare.org)

Requested start date (must be no less than 90 days from today)\*:

\*Behavioral health applicants will have a start date in compliance with AB2581. The expected start date will be confirmed upon receipt & processing of the application.

Applicant Information

Last Name:

Degree (MD, DO, NP, PA, etc)  DOB (MM/DD/YYYY)

SS #\*\*

Cell #

Calif Medical License #

← If CA License is pending, enter "Pending"

NPI #

Accept Medi-Care   
Accept Medi-Cal/Medicaid

Hiring Department:

First Name:  MI:

If APP (CRNA, CNM, CNS, OD, NP, PA) Provide Supervising Physician:

Email Address:

City of Birth:

Are you a locum tenen (temporary) provider?  Yes  No

Your training/specialty?

1. Will you be functioning as a Hospitalist?  Yes  No
2. Are sedation privileges required/requested?  Yes  No
3. Will you be in a Fellowship training program?  Yes  No - If yes, list name of training program as it appears on your Fellowship acceptance letter? 
  - a. Will training be in other departments also?  Yes  No If yes, what department?
4. Will you be in a GME-managed Fellowship program while here with us?  Yes  No

#### Choose appropriate box(es) to request facilities to apply to:

- Stanford Health Care (SHC)**  
 Check this box if billing using the Stanford tax ID  Check this box if ONLY Affiliate status (no privileges) is req'd
- Lucile Packard Children's Health (LPCH)**  
 Check this box if billing using the LPCH tax ID  Check this box if ONLY Affiliate status (no privileges) is req'd  
For LPCH provide reason for Membership:
- Stanford Medicine Partners (SMP)** Provide SMP Clinic Address:   
 Needs privileges w/hospital (SHC/LPCH) marked above **OR**  Needs Affiliate status (no privileges) w/hospital (SHC/LPCH) as marked above
- Packard Children's Health Alliance (PCHA)** Provide PCHA Clinic Address:   
 Needs privileges w/hospital (LPCH/SHC) marked above **OR**  Needs Affiliate status (no privileges) w/hospital (LPCH/SHC) as marked above
- Affinity (Affinity)**
- Vaden Student Health Center or Vaden CAPS (Vaden)**
- Stanford Health Care Tri-Valley (SHCTV)**  Check this box if billing using the Stanford tax ID

Provide **COMPLETE** clinic address upon starting with us:

City , State  Zip

Office Phone:  HIPAA Secure Fax:

Who pays the application fee?  Department  Applicant? (N/A for Employed APP applicants)

\*\* If SSN is not provided, there may be a delay in processing your request for application. All data is kept confidential but is required to ensure database accuracy.

Department Information