

New Applicant Request Form

For initiating the Credentialing process please forward this form to:

Medstaff@stanfordhealthcare.org

Requested Start Date (in date format only):

Requested Facility: (choose the appropriate box(es) below)

Stanford Health Care (SHC) ValleyCare

Lucile Packard Children's Hospital Stanford
(LPCH):

For LPCH – Reason for Membership:

University Healthcare Alliance (UHA) Clinic Name:

Packard Children's Healthcare Alliance (PCHA) Clinic Name:

Affinity

Last Name:

First Name:

MI:

Degree: Supervising Physician (only required for APPs*):

SS#**: DOB(MM/DD/YYYY):

Cell# Birth City:

Email:

CA Practitioner License #(enter pending if in process):

Department:

Specialty:

For Physicians only:

Are you currently in a Training Program? No Yes Name of Program:

Are you coming into a Training Program at SHC/LPCH? No Yes Name of Program:

Will you be functioning as a Hospitalist? No Yes

* APP = NP, PA, CRNA, CNM, CNS, OD

**Please note if the SS# is not included, there could be a delay in issuing the application as it is needed to ensure database accuracy.

Below to be completed by MSSD:
(Credentialing To Do List)

ID # Researched

Enter all Information from Above

If APP select 'Allied' Button

Select Online Application

Status: Applicant

Status Category: App Requested OR App Requested and appropriate APP designation

Enter Facility Department/Section/Today's Date

Assign Practitioner Privilege Form(s)

Launch New Application Process to Appropriate Coordinator