APPLICATION REQUEST FORM

☐ All information must be submitted
☐ If incomplete, form will be returned for completion
☐ Print clearly

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Degree</th>
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<tr>
<th>Primary Specialty</th>
<th>Subspecialty</th>
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Email address (required) ** All applications and communications are sent via email/electronically.

Phone Number ** Needed for any questions regarding your application.

Anticipated START DATE at CHI FRANCISCAN:

Do you require TEMPORARY PRIVILEGES? □ Yes □ No If yes, give reason:

I am applying for privileges at:

☐ FRANCISCAN HEALTH SYSTEM (these Franciscan facilities are one unified medical staff)

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<tr>
<th>Check PRIMARY/SECONDARY Campus</th>
<th>PRIMARY</th>
<th>ALL “OTHER” where I will be seeing patients</th>
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<tr>
<td>St. Anthony Hospital, Gig Harbor</td>
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<td>St. Clare Hospital, Lakewood</td>
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<td>St. Elizabeth Hospital, Enumclaw</td>
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<td>St. Francis Hospital, Federal Way</td>
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<td>St. Joseph Medical Center, Tacoma</td>
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CATEGORY REQUESTED

☐ ACTIVE MEDICAL STAFF - MD, DO, DDS, DMD, DPM seeking membership AND clinical privileges

☐ AFFILIATE CATEGORY - MD, DO, DDS, DMD, DPM not seeking clinical privileges but affiliation with the hospital

☐ LOCUM TENENS - Locum Tenens is for a period not to exceed 90 Consecutive Days.

Beginning Date: ___________________________ End Date: ___________________________

Identify Practice/Group for whom you will be providing coverage:

☐ ALLIED HEALTH PROFESSIONAL - PA-C, ARNP, CRNA, CNM, PhD, PsyD, RNFA & Technical Professionals

☐ ST. ANNE HOSPITAL - Burien (Medical Staff is independent from Franciscan Health System)

CATEGORY REQUESTED

☐ ACTIVE - MD, DO, DDS, DMD, DPM seeking membership AND clinical privileges

☐ COURTESY - MD, DO, DDS, DMD, DPM seeking clinical privileges but no voting rights

☐ AFFILIATE - MD, DO, DDS, DMD, DPM not seeking clinical privileges but using the hospital as a referral facility

☐ ALLIED HEALTH PROFESSIONAL - PA-C, ARNP, CRNA, CNM, PhD, PsyD, RNFA

☐ ST. MICHAEL MEDICAL CENTER - Bremerton/Silverdale (Medical Staff is independent from Franciscan Health System)

CATEGORY REQUESTED

☐ ACTIVE - MD, DO, DDS, DMD, DPM seeking membership AND clinical privileges

☐ AFFILIATE - MD, DO, DDS, DMD, DPM not regularly admitting patients but refer patients for services

☐ MILITARY - MD, DO, DDS, DMD, DPM caring for patients covered under a Resource Sharing Agreement

☐ COURTESY - MD, DO, DDS, DMD, DPM not seeking clinical privileges but affiliation with the hospital

☐ LOCUM TENENS - MD, DO, DDS, DMD, DPM seeking clinical privileges but no membership

☐ ADVANCED PRACTICE CLINICIAN - PA-C, ARNP, CRNA, CNM, PhD, PsyD, RNFA

☐ ALLIED HEALTH PROFESSIONAL - LICSW, CCC-AUD, CPO

** See the various Medical Staff Bylaws for a more detailed description of categories at www.chifranciscan.org/For Medical Staff