

## INITIAL APPLICATION REQUEST FORM

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

<b>Last Name</b> <small>Click here to enter text.</small>	<b>First Name</b> <small>Click here to enter text.</small>	<b>Middle</b> <small>Click here to enter text.</small>	<b>Degree</b> <small>Click here to enter text.</small>
<b>Primary Specialty</b> <small>Click here to enter text.</small>		<b>Subspecialty</b> <small>Click here to enter text.</small>	
<b>Email address (required) **</b> All applications and communications are sent via email/electronically. <small>Click here to enter text.</small>			
<b>Phone Number **</b> Needed for any questions regarding your application. <small>Click here to enter text.</small>			
<b>Anticipated START DATE at Virginia Mason Franciscan Health:</b> <small>Click here to enter text.</small>			

**I am applying for privileges at:**

**FRANCISCAN HEALTH SYSTEM** (these Franciscan facilities are one unified Medical Staff)

Check PRIMARY/SECONDARY Campus	PRIMARY	ALL "OTHER" where I will be seeing patients
• St. Anne Hospital, Burien	<input type="checkbox"/>	<input type="checkbox"/>
• St. Anthony Hospital, Gig Harbor	<input type="checkbox"/>	<input type="checkbox"/>
• St. Clare Hospital, Lakewood	<input type="checkbox"/>	<input type="checkbox"/>
• St. Elizabeth Hospital, Enumclaw	<input type="checkbox"/>	<input type="checkbox"/>
• St. Francis Hospital, Federal Way	<input type="checkbox"/>	<input type="checkbox"/>
• St. Joseph Medical Center, Tacoma	<input type="checkbox"/>	<input type="checkbox"/>

**CATEGORY REQUESTED**

**ACTIVE MEDICAL STAFF** - MD, DO, DDS, DMD, DPM seeking membership AND hospital clinical privileges.

**AFFILIATE CATEGORY** - MD, DO, DDS, DMD, DPM do not furnish patient contacts or seek virtual health services privileges.

**ASSOCIATE CATEGORY** - MD, DO, DDS, DMD, DPM seeking clinical privileges and furnish between one and twelve patient contacts.

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

**ST. MICHAEL MEDICAL CENTER, 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

**VIRGINIA MASON MEDICAL CENTER, Seattle** - (Medical Staff is independent from Franciscan Health System)

**CATEGORY REQUESTED**

**ACTIVE** - MD, DO, DDS, DMD, DPM seeking membership AND clinical privileges on a minimum of 10 patients per year.

**COURTESY** - MD, DO, DDS, DMD, DPM seeking membership AND clinical privileges for minimum of 3 patients per year.

**AMBULATORY & CONSULTING** - MD, DO, DDS, DMD, DPM caring for outpatients and providing consultations but may not admit.

**TELEMEDICINE** - MD, DO, DDS, DMD, DPM providing consultation services via electronic communications.

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

**HONORARY** - PA, C, ARNP, CRNA, CNM, PhD, PsyD, RNFA not actively practicing; however of outstanding reputation this category is not normally applied for but is recommended by the Credentials or Medical Executive Committees based upon reputation.

**ALLIED HEALTH PROFESSIONAL** - (With privileges: LICSW, CCC-AUD, CPO, DDS, DMD, PA-C, ARNP, NNP, CRNA, CNM, CNS, OD, CCP, RNFA, ND, PharmD) (Without privileges: PT, OT, OD, AUD, SLP, MSW)

\* See the various Medical Staff Bylaws for a more detailed description of categories at [www.vmfh.org](http://www.vmfh.org) (FHS & SMMC) and [www.virginiamason.org/provider-credential-request](http://www.virginiamason.org/provider-credential-request) (VMMC) \*

**If applying for more than one Medical Staff, please indicate below which is your Primary:**

Franciscan Health System  St. Michael Medical Center  Virginia Mason Medical Center