Medical Affairs, Credentialing & Privileging Operations
Provincial Health Services Authority
200, 1333 West Broadway, Vancouver, BC V6H 1G9
Tel: (604) 829-2633 Fax: (604) 297-9902 credentialing@phsa.ca

REQUEST FOR PRIVILEGES AT AN ADDITIONAL PHSA SITE

Name:	College ID #:	MSP Billing #:
Primary Phone:	Email:	

CURRENT APPOINTMENT	
Site:	Medical Staff Category:
Primary Department:	Division / Program:

ADDITIONAL APPOINTMENT REQUESTED

*This form is only to be used within the Provincial Health Services Authority by **current** PHSA Medical Staff. Additional information may be required. The initial Appointment of all applicants will be to the Provisional category, unless specifically exempted from that requirement by the Board.*
Please refer to Article 6 of the Medical Staff Bylaws regarding terms of your appropriate staff category and eligibility for promotion from Provisional.

Additional PHSA Site:	Medical Staff Category Requested:
Department:	Division / Program:
Start Date:	End Date *(if applicable)*:

Member Signature _____ Date _____

APPROVAL

Please provide a brief explanation in support of the request.

Division Head / Program Director	Division	Leader Name	Signature	Date
Department Head / Medical Director	Department	Leader Name	Signature	Date
Senior Medical Administrator	Agency	Leader Name	Signature	Date

Return completed form to credentialing@phsa.ca OR Fax: (604) 297-9902