

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	
<i>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.</i>	
Additional PHSA Site:	Medical Staff Category Requested:
Department:	Division / Program:
Start Date:	End Date <i>(if applicable):</i>

_____ Member Signature _____ Date

APPROVAL			
Please provide a brief explanation in support of the request.			
Local NP Department Head	_____ Agency _____ Leader Name	_____ Signature _____	_____ Date _____
PHSA NP Department Head	_____ Department _____ Leader Name	_____ Signature _____	_____ Date _____
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