Provincial Health Services Authority

DEPARTMENT REQUEST FOR CREDENTIALING & PRIVILEGING

Credentialing & Privileging Operations, Provincial Health Services Authority
Suite 200 – 1333 West Broadway Vancouver, BC V6H 1G9
Fax: (604) 297-9902 Email: credentialing@phsa.ca

This form must be completed in full and submitted to credentialing@phsa.ca
before an application for credentialing & privileging can be initiated for any PHSA Agency

PERSONAL INFORMATION		
Full Legal Name	**Gender**	**Date of Birth** *MM/DD/YYYY*
	☐ Female ☐ Male ☐ Non-Binary	
Primary Email Address		**Canadian Citizen**
		☐ Yes ☐ No

APPOINTMENT & PRIVILEGES DETAILS			
*The **initial** appointment of all applicants applying to ACTIVE Medical Staff category shall be **Provisional**.* *For more information about these categories, please see **Medical Staff Bylaws – Article 6***			
PHSA Agency		**Site** (*if applicable*)	
BC Women's Hospital		Midwifery	
Medical Staff Category	☐ New Graduate (Temporary) ☐ CAP (Locum) ☐ Provisional ☐ Other (*specify in note*) ☐ Locum Tenens (1:1 coverage for another member) ☐ Temporary (=<12 months)		
Medical Staff Member Requesting Locum (*if applicable*)			
Start Date *MM/DD/YYYY*	**End Date** (*if applicable*)	**Current License Type in BC:**	

LEADER NOTES		
OPTIONAL: Please provide any additional information relevant to the credentialing process, such as the applicant's timeline, immigration details, or the reason for this application.		
Primary Leader	**Date**	**Signature**