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
Practice Type	☐ Physician ☐ Dentist ☐ Oral & Maxillofacial Surgeon ☐ Nurse Practitioner ☐ Clinical Scientist	

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*)	
Medical Staff Category	☐ Provisional ☐ Consultant ☐ Associate ☐ Clinical Associate ☐ Locum Tenens ☐ Temporary (=<12 months) ☐ Scientific & Research		
Department	**Division**	**Specialty / Sub-Specialty**	
Start Date *MM/DD/YYYY*	**End Date** (*if applicable*)	**Current License Type in BC:**	

LEADER NOTES

Please provide any additional information relevant to the credentialing process, such as the applicant's timeline, immigration details, or the reason for this application.

NOTE: If you have selected Locum Tenens or Temporary staff category, please provide the rationale for the request, as these are time limited staff categories. Please be aware that if you have selected Locum Tenens, a supplementary form will be required to document who the applicant is providing 1:1 coverage for. See Section 2.1.2 of the PHSA Medical Staff Rules for more information on Medical Staff Categories.

Primary Leader	Date	Signature