Saint Agnes Health System – Trinity Health Center for Practitioner Information (CPI) Application Request Form E-mail completed form to: <u>frhsmedicalstaffsvcs@samc.com</u>

*Red Fields are Required

Degree: MD DDM DDS NP CRNA PA PhD Other: Date of Birth (Required - mm/dd/yyyy format): Practitioner's e-mail address (Required): Should MSOW record be shared with Network Mgmt? Yes No Will the practitioner be part of the Employed Medical Group Yes No Is the practitioner be part of the Employed Medical Group Yes No Is the practitioner be part of the Employed Medical Group Yes No Is the practitioner be part of the Employed Medical Group Yes No Is the practitioner be part of the Employed Medical Group Yes No Is the practitioner board certified? Yes No Does the practitioner have a CA license Yes No Anticipated start date (date of admission/case):	Practitioner's Name: First: Middle: Last:			
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Reference Email:				

To which facility(ies) is the practitioner applying?	Indicate which privilege forms on page 2.
Saint Agnes Medical Center	Saint Agnes Medical Foundation

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Saint Agnes Medical Center			
AHP/APPs	Gamily Practice	Otolaryngology	
\Box APP – CRNA	Gastroenterology/ Endoscopy	Palliative Medicine	
\square APP – NP	General Surgery	Pathology	
\Box APP – PA	Hand Surgery	Pediatrics	
\Box APP – RNFA	Hematology/ Oncology	□ PM & R	
APP – RNFA Intern	Hyperbaric & Wound Care	Plastic Surgery	
PHYSICIANS	Infectious Disease	Podiatry	
Allergy & Immunology	Internal Medicine	Psychiatry	
Anesthesiology	Neonatal/ Perinatal Medicine	Pulmonary Medicine	
Cardiology	Nephrology	Radiation Oncology	
Cardiothoracic Surgery	Neurological Surgery	Radiology	
Colon & Rectal Surgery	Neurology	Rheumatology	
Critical Care	OB/GYN	Thoracic Surgery	
Dentistry	Occupational Medicine	Urology	
Dermatology	Ophthalmology	Vascular Surgery	
Emergency Medicine	Oral & Maxillofacial Surgery		
Endocrinology	Orthopedic Surgery		