



**CLINICAL ASSISTANT – Request for Additional Practice Location**

Anticipated Start Date: \_\_\_\_\_

Name of contact person if additional information is needed: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**1. Application Checklist**

The following documents **MUST** be presented with this request for adding additional practice location/sponsoring physician in order for the application to be considered complete:

- Certificate of professional liability coverage with minimum limits as set forth in the Medical Staff Bylaws (unless applicant has personal malpractice insurance policy).
- Sponsoring Physician Statement
- Signed Job Description

**2. Identifying Information**

Legal Last Name:	Legal First:	Legal Middle:	Suffix:
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Is there any other names under which you have been known (AKA/Maiden Name)?  
Name(s): \_\_\_\_\_

Specialty: <input type="checkbox"/> RN (Rounding) <input type="checkbox"/> RN (Surgical Assistant) <input type="checkbox"/> LPN (Rounding) <input type="checkbox"/> LPN (Surgical Assistant) <input type="checkbox"/> Surgical Assistant <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Assistant (ie, Nerve Lab Tach, Scribe)	Classification: <input type="checkbox"/> Nursing <input type="checkbox"/> Non-Nursing <input type="checkbox"/> Non-Patient Care
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**3. Sponsoring Physicians Practice Information**

Practice Name:	Specialty:
Primary Office Street Address:	Primary Office Billing Address (if different):
City:	City:
State:      ZIP:	State:      ZIP:
Office Telephone Number:	Office Manager/Practice Administrator Name:
Office Fax Number:	Office Manager/Practice Administrator Email:

Provide the name(s) of St. Dominic Staff Physician(s) whom you will be practicing with. If you work with a group of physicians (not just one physician) you must have all physicians listed on the application.

Sponsoring Physician's Name	Sponsoring Physician's Name
Sponsoring Physician's Name	Sponsoring Physician's Name
Sponsoring Physician's Name	Sponsoring Physician's Name
Sponsoring Physician's Name	Sponsoring Physician's Name

Please check if you will be working for more than 1 group. You will need to complete an additional sponsoring physician statement and job description for each practice location.

**7. Professional Liability**

Current Insurance Carrier:	Policy #:	Effective date:
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