St. Dominic's

APPLICATION REQUEST FORM

Anticipated Start Date: _____

Phone: (601) 200-6846 • Fax: (601) 200-0773

1. Identifying Information

Legal Last Name:	Legal First:	Legal Middle:	Degree:

Email Address:	Cell Phone Number:

Classification:

- ☐ MD
- ☐ DO
- ☐ Clinical Psychologist
- ☐ Requesting Clinical Privileges
- ☐ Nurse Practitioner
- ☐ Physician Assistant
- ☐ Certified Registered Nurse Anesthetist
- ☐ Registered Nurse First Assist
- ☐ Surgical Assistant

Privileges Requesting:	Supervising/Collaborating Physician Name:
None	
Additional Privileges:	Specialty:
None	

2. Practice/Employer Information

Group Name:

Address:

Phone:	Fax:

Name of Credentialing Coordinator: _____

Phone:_____ Fax:_____ Email:_____

Submit Request