CWID:
COI Date:
HIPAA Date:

Name: ____

Last Name First Name Middle Name

APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF ATTENDING STAFF

General Instructions:

Ensure **ALL** questions on the application are fully completed and that all the required documents are uploaded to MSOW. Documents that require the Service Chiefs Signature (Dr. Donald W. Landry) will be uploaded by the department. Incomplete applications will be returned to the division.

CHECKLIST	YES	NO-N/A
Completed and signed application form	☐	☐
Completed and signed delineation of clinical privilege request/s	☐	☐
Training Certificates for requested privileges (ex. Moderate Sedation, ACLS, etc.)	☐	☐
Completed Verification of Professional Degree	☐	☐
Two Peer References	☐	☐
Signed Acknowledgement Statement	☐	☐
Workforce Health and Safety Clearance (Contact # 212-305-7590 for CUMC)	☐	☐

LEGIBLE COPIES of the following required documents must be included in the application package		
New York State License	☐	☐
Current, signed NYS License registration certificates Exp. Date: _________	☐	☐
Current, Narcotics DEA registration certificate Exp. Date: _________	☐	☐
Professional liability insurance certificate of coverage (New York Presbyterian Hospital must be certificate holder)	☐	☐
Malpractice Change Form	☐	☐
American Board Certificate or Letter of Certification from applicable Board or Board Exemption Letter Exp. Date: _________	☐	☐
Copies of all other applicable certificates: **(Professional School, ECFMG, Internship, Residency, Fellowship, Continuing Education)**	☐	☐
Current curriculum vitae	☐	☐
NY State Approved Infection Control Certificate Exp. Date: __________	☐	☐
National Practitioner Identifier Number _________________________________	☐	☐
Current Government-issued Photo ID (example: driver's license, passport, and visa)	☐	☐