

## APPLICATION REQUEST FORM

All applicants must read and have met the minimum qualifications to apply.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*TYPE OR PRINT LEGIBLY TO AVOID BEING RETURNED FOR CLARIFICATION\*\*****PROVIDER TYPE** ☐ Employee/PSA ☐ Affiliate (No Privileges) ☐ ICP Membership ☐ Community Provider**HOSPITAL(S) REQUESTED**☐ DEER VALLEY ☐ JOHN C LINCOLN ☐ OSBORN ☐ SHEA ☐ SONORAN CROSSING ☐ THOMPSON PEAK**PRIMARY HOSPITAL** Select one (required)☐ DEER VALLEY ☐ JOHN C LINCOLN ☐ OSBORN ☐ SHEA ☐ SONORAN CROSSING ☐ THOMPSON PEAK**APPLICANT'S INFORMATION**APPLICANT'S FULL NAME \_\_\_\_\_ GENDER: M F  
(As listed on applicant's medical license)CREDENTIALS MD DO DMD DPM PA NP RNFA CRNA CCP CFA CSA

SPECIALTY \_\_\_\_\_

PRIMARY BOARD CERTIFICATE \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_

APPLICANT'S EMAIL \_\_\_\_\_  
(Must be applicant's personal email)

CELL PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY \_\_\_\_-\_\_\_\_-\_\_\_\_ NPI \_\_\_\_\_

**OFFICE / GROUP INFORMATION**

OFFICE NAME \_\_\_\_\_ START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CONTACT NAME \_\_\_\_\_  
(Contact will receive an online application link & will have Admin access to your application after creating a unique log in)

CONTACT EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

COVERING PROVIDER(S) (N/A for Allied Health & Affiliates) \_\_\_\_\_  
(Must be same specialty & have active privileges at all facilities being requested)

SPONSORING PHYSICIAN(S) (Allied Health Only) \_\_\_\_\_

**EMAIL ALL THREE (3) DOCUMENTS TO: [emunhall@HonorHealth.com](mailto:emunhall@HonorHealth.com)**☐ COMPLETED APPLICATION REQUEST FORM☐ CV-(pdf format) Format CV in month/year include education, training, employment, affiliations, gaps, etc. from completion of Medical/Professional school to present. Nurses must include from completion of Nursing School to present.☐ PHOTO-(jpg format) Professional headshot with light gray or white background, from the shoulders up. Photo will be used for profile phot & ID badge.

After receipt of the required documents listed above, an online application link\* will be emailed to the applicant and designated credentialing contact. Please allow 3-5 business days for processing. \*Application link is valid for 30 days.

**Thank you for your interest in HonorHealth. We look forward to working with you.**