APPLICATION REQUEST FORM

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

DATE: _____/_____/_____

TYPE OR PRINT LEGIBLY TO AVOID PROCESSING DELAYS

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 _____

CERTIFYING BOARD ENTITY NAME _____ CERTIFICATE # _____

APPLICANT'S PERSONAL EMAIL _____

CELL PHONE _____   BIRTHDATE _____/_____/_____

SOCIAL SECURITY _____-_____-_____   NPI _____

OFFICE / GROUP INFORMATION

OFFICE NAME _____ START DATE _____/_____/_____

CONTACT NAME _____

CREDENTIALING CONTACT EMAIL _____ PHONE _____

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

SPONSORING PHYSICIAN(S) *(Allied Health Only)* _____

□ 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. **This photo will be used for the applicant's profile photo and ID badge.**

EMAIL THE ABOVE 3 DOCUMENTS (AS SEPARATE ATTACHMENTS) TO: **emunhall@HonorHealth.com**

After receiving the 3 required documents, an online application link* will be emailed to the applicant and designated credentialing contact. Please allow 3-5 business days for processing.
*The application link is valid for 30 days and will be made inactive if the application is not submitted after 30 days.

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