APPLICATION REQUEST FORM

All applicants must meet the minimum qualifications to apply

PROVIDER TYPE *(Choose all that apply)*

☐ Employee/PSA ☐ Affiliate - No Privileges ☐ ICP Membership ☐ Community Provider

HOSPITAL(S) REQUESTED

Legacy: ☐ DEER VALLEY ☐ JOHN C LINCOLN ☐ OSBORN ☐ SHEA ☐ SONORAN CROSSING ☐ THOMPSON PEAK

East Valley: ☐ FOUR PEAKS ☐ TEMPE MEDICAL CENTER ☐ FLORENCE

PRIMARY HOSPITAL (*Select a Primary Hospital for each region*)

Legacy: ☐ DEER VALLEY ☐ JOHN C LINCOLN ☐ OSBORN ☐ SHEA ☐ SONORAN CROSSING ☐ THOMPSON PEAK

East Valley: ☐ FOUR PEAKS ☐ TEMPE MEDICAL CENTER ☐ FLORENCE

APPLICANT'S NAME _____ NPI _____

As listed on Board Certificate, DEA, Medical License, etc.

CREDENTIALS ☐MD ☐DO ☐DMD ☐DPM ☐PA ☐NP ☐RNFA ☐CRNA ☐CCP ☐CFA ☐CSA

DEPARTMENT _____ SPECIALTY _____

CERTIFYING BOARD _____ CERTIFICATE # _____

BIRTHDATE _____/_____/_____ SOCIAL SECURITY _____ - _____ - _____ GENDER:☐M ☐F

APPLICANT'S **PERSONAL** EMAIL _____ PHONE _____

Company emails are not accepted during the Initial Application phase

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OFFICE / GROUP CONTACT INFORMATION

OFFICE/GROUP _____ PHONE _____

DESIGNATED CONTACT EMAIL _____

This Designated Contact and the Applicant are the only individuals authorized to receive application communications

COVERING PROVIDER(S) *(N/A for Allied Health or Affiliate)* _____

Must be the same specialty and have Active privileges at all HonorHealth facilities requested

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

☐ APPLICATION REQUEST FORM (ARF)	
☐ BOARD CERTIFICATE	Board Eligibility Notice and/or Board Exam Confirmation also accepted
☐ CV (*pdf format only*)	Format CV in month/year and 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 only*)	Professional headshot with light gray or white background, from the shoulders up. *Please note: The provided photo will be used for the applicant's ID badge and online profile photo.*

Legacy - Email the required documents above to **emunhall@HonorHealth.com**

East Valley - Email the required documents above to **vrockwell@HonorHealth.com**

After receiving the completed ARF and required documents, an online application link* is emailed to the applicant and Designated Credentialing contact within 3.5 business days. *The Online Application link is valid for 30 days and will be closed if the application is not submitted after 30 days.

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