VA Eastern Colorado
HEALTH CARE SYSTEM

Pre-Application

Request to Credential and Privilege

FOR SERVICE USE

PMC Tracking #_____ (NA for WOC & Contract Providers)

Attachments:
( ) CV ( ) BLS/ACLS ( ) Copy of SS Card
( ) ***Pay & Board Action** (required for all physician appointments)

Comments:_____
_____
_____
_____

FOR MSO USE

Pre-app received_____
VetPro opened_____
Packet sent_____
Provider submitted VetPro_____
Packet received_____
Packet to Service_____
Ready for PSB_____
Date approved_____
Start date_____
Comments:_____
_____

Provider Data

Name_____ Male____ Female____
Credentials_____ SS#_____ DOB_____
(Check one) US Citizen_____ Naturalized Citizen_____ Visa_____ (Visa Type)_____

Contact Information

Office_____ Home_____ _____
(Check one, if office provide _____
Name of facility/hospital, etc.) _____

Home/Office Phone_____Cell Phone_____Pager_____
Email address_____

Assignment, Appointment & Privileges

Service_____ Section_____
Division_____ _____
Contact in hiring Section_____ Phone_____
Is the provider a Primary Care Physician ____Yes ____No Patient Focused Care ____Yes ____No
***FT_____ PT_____ INT_____ (# of 8ths_____PT/INT)** WOC_____ Fee_____ Contract_____
Start date_____
Provider requires privileges in Moderate Sedation ____Yes ____No Telehealth ____Yes ____No

Service Chief

I have reviewed this provider's university affiliation, if any, and have discussed this staffing need with the Position Committee.

_____
Service Chief Signature Date

Position Committee

Position Committee ____Approved ____Disapproved
If disapproved explain_____