

Please complete and fax back to (907) 261-4865 or mail to: Medical Staff Services, 3200 Providence Dr., Anchorage, AK 99508

Degree Types, eligible to request application: MD, DO, DDS, DMD, DPM, CNM, ANP, PA, PhD, LCSW, RN (working in a Physicians Office), Surgical Asst, Dental Asst, Pathology Asst, Perfusionist

Applicants Name:		Degree	Application Type: <input type="checkbox"/> Permanent Medical Staff <input type="checkbox"/> Locum Tenens <input type="checkbox"/> AHP	Contact phone#:
Address to Mail Application:		City, State, Zip:		Primary Specialty:
Anticipated Start Date: <small>If a Locums, please provide anticipated start and end date.</small>		SSN		DOB:
Medical/Professional School:	Grad Yr:	Residency Program:	Grad Yr:	
Internship/Residency Program:	Grad Yr:	Fellowship Program:	Grad Yr:	
If you are a Locums, who will you be covering for / If you are a AHP, who will be your supervising Physician?		Office you will be practicing at in Alaska:	In what state(s) do you hold licensure?	
Are you board certified in your primary specialty by a board recognized by the ABMS or the AOA: <input type="checkbox"/> Yes <input type="checkbox"/> No, If NO, are you board admissible and will you be board certified within 5 years of training completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been excluded from Medicare, Medicaid or any healthcare program as identified on the Government Services Agency "Excluded Parties Listing System" or the Health and Human Services Officer of the Inspector General "Excluded Individual Search". <input type="checkbox"/> Yes <input type="checkbox"/> No		

CLINICAL PRIVILEGES CHECKLISTS AVAILABLE ✓ PLEASE CHECK THE BOXES OF THE PRIVILEGES YOU WOULD LIKE TO REQUEST.
(We will send only those lists for which you meet criteria)

<p>ANESTHESIA Acupuncture Pain Management</p> <p>EMERGENCY MEDICINE</p> <p>FAMILY MEDICINE Sedation Cesarean Section Endoscopy (<i>ONLY for Family Practice Residency Instructors</i>) Family Medicine Center (<i>ONLY for Family Practice Residency Instructors</i>)</p> <p>❖ MEDICINE</p> <ul style="list-style-type: none"> Internal Medicine List which includes(*): <ul style="list-style-type: none"> * Allergy Immunology * Cardiology <ul style="list-style-type: none"> Aortic Stent Grafting Peripheral Angioplasty, Carotid Angioplasty & Stent Placement *Critical Care *Dermatology *Endocrinology, Diabetes & Metabolism *Gastroenterology <ul style="list-style-type: none"> Endoscopy * Internal Medicine 	<ul style="list-style-type: none"> * Nephrology * Preventive Medicine/ Occupational Medicine/ Public Health * Pulmonology <ul style="list-style-type: none"> Flexible Fiberoptic Bronchoscopy * Rheumatology * Sleep Medicine <p>Neurology Palliative Care Physical Medicine & Rehab Pain Management Radiation Oncology</p> <p>❖ OB/GYN</p> <ul style="list-style-type: none"> Obstetrics Cesarean Section Gynecology OB Fetal-Maternal Medicine Gynecologic Oncology Robotics Assisted Surgery Sacral Nerve Stimulation Sedation <p>ORTHOPEDICS Sedation</p> <p>PATHOLOGY</p>	<p>PEDIATRICS Sedation Allergy Immunology Cardiology Critical Care Endocrinology, Diabetes & Metabolism Gastroenterology Hematology/Oncology Infectious Disease Neonatal-Perinatal Medicine Nephrology Neurology Pulmonology Rheumatology</p> <p>PSYCHIATRY</p> <p>RADIOLOGY Sedation Aortic Stent Grafting Peripheral Angioplasty, Carotid Angioplasty & Stent Placement</p> <p>❖ SURGERY Sedation Cardio-Thoracic Surgery Robotics Assisted Surgery Dental Surgery</p>	<p>General Surgery Aortic Stent Grafting Flexible Fiberoptic Bronchoscopy Peripheral Angioplasty, Carotid Angioplasty & Stent Placement Robotics Assisted Surgery</p> <p>Neurosurgery Ophthalmology Otolaryngology Flexible Fiberoptic Bronchoscopy</p> <p>Plastics Podiatry Urology Sacral Nerve Stimulation Robotics Assisted Surgery</p> <p>❖ ALLIED HEALTH PROFESSIONALS</p> <ul style="list-style-type: none"> Certified Nurse Midwife Advanced Nurse Practitioner Physician Assistant Clinical Psychologist Licensed Clinical Social Worker RN (working in a physicians office) Surgical Assistant Dental Assistant Pathology Assistant Perfusionist
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I represent that the information provided on this pre-application is accurate, complete and fairly represents my training and current expertise. I understand and agree that any misrepresentation, misstatement, or omission from this application whether intentional or not may constitute cause to not be provided an application as requested. I understand that in the event of discovery of such an event, or if I do not meet the minimum criteria of PAMC, I will not be provided an application and I will not be entitled to any hearing or appeal rights that are contained in the Hospital or Medical Staff Bylaws, Policies or other regulations. I understand that with the information I have provided above, basic steps to understand my training and background may be checked to further determine my eligibility for medical staff membership and privileges at PAMC. I formally request an application for membership and privileges and certify that I am currently competent to perform the privileges selected above based on my training, recent experience and within the scope of my professional licensure. I will agree that I will provide all necessary documentation, as required, in support of the application for membership and privileges I receive. I also know of no health condition or inability to perform that, without reasonable accommodation that would impair my ability to competently perform the privileges I may be granted.

Signature: _____

Date: _____