HCA West Florida

St. Petersburg General Hospital

TOGETHER, PERFORMING AT A HIGHER STANDARD™

REQUEST FOR APPLICATION

PLEASE NOTE: **The Credentialing Process typically takes 90-120 days to complete.**

_____ _____

Date **Applicant Printed Name**

Anticipated Facility Start Date _____ (please allow 90-120 days *minimum*)

Physician _____ (MD/DO/DDS/DPM/DMD) **Allied Health Professional _____**

Specialty: _____ Secondary Specialty (if applicable): _____

Please indicate whether you are requesting Conscious Sedation privileges: Yes _____ No _____

Please indicate if you are requesting additional hospital(s) privileges:

Northside Hospital _____ Largo Medical Center _____ Edward White Hospital _____

Do you prefer _____ an online application *OR* _____ paper copy mailed to you?

Address to be used for *mailing purposes*: ***Home Address***

_____ _____

_____ _____

_____ _____

Office Phone: _____ **Office Fax: _____**

Practitioner **Email address: _____ Office contact email address: _____**

Alt. Contact: _____ Phone Number: _____

Date of Birth: _____ **Social Security Number _____**

Are you joining an existing practice? Yes _____ No _____ Recruited by HCA: Yes_____ No _____

Name of Existing Practice: _____

St. Petersburg General Hospital
Attn: Medical Staff Office
6500 38th Avenue North, St. Petersburg, FL 33710
Phone: 727.341.4807 - - Fax: 727.341.4894

Email: mollie.crockett@hcahealthcare.com

Fee Amount: $400 (Physician) or $250.00 (Allied Health) Make checks payable to: St. Petersburg General Medical Staff Fund