Saint Agnes Health System – Trinity Health
Center for Practitioner Information (CPI) Application Request Form

E-mail completed form to: samcmedicalstaff@samc.com

***Red Fields are Required**

Practitioner's Name: First: Middle: Last:

Degree: ☐MD ☐DO ☐ DPM ☐DDS ☐NP ☐CRNA ☐PA ☐PhD ☐Other:

Date of Birth (Required - mm/dd/yyyy format):

Practitioner's e-mail address (Required):

Should MSOW record be shared with Network Mgmt? ☐Yes ■No

Will the practitioner be part of the Employed Medical Group ☐ Yes ☐ No

Is the practitioner ☐ Joining a group with a contracted service ☐ Independent Contract ☐ Other

Is practitioner still in residency? ☐Yes ■No ⟶ Anticipated Grad Date:
**Applications for June graduates will be released in March.*

Is the practitioner board certified? ☐Yes ☐No

Does the practitioner have a CA license ☐Yes ☐No

License #: If no, has an application been submitted? ☐Yes ☐No

Anticipated start date (date of admission/case): ⟶ Is this a "**hot**" file? ☐Yes ☐No

Application requested/form sent By:

Credentialing Contact/Delegated User (will have their own portal login/password) (Name and Email Required):

If you would like another individual to be notified when an application is emailed, provide name and email address:

Office Information: Joining an existing practice? ■Yes ☐No Name of practitioner to be mirrored?

Primary office name:

Office address (include city & ZIP):

Office phone: Office fax:

Portal/Process: ☐ **AHP/APP** ☐ **Physician**

☐ Full Initial Appointment/ Credentialing (with or without clinical privileges)
☐ Abbreviated Locum Tenens Process
☐ Initial Locum to Full
☐ Add/Mid-Cycle Privileges (already on staff at hospital). If a reference is required, provide name & email below
☐ Add Facility (portal summary w/in last 6 mo & launch "Add Facility" portal). If a reference is req, provide name & email below

Reference Name (for Add Privileges/Add Facility):

Reference Email:

To which facility(ies) is the practitioner applying? ***Indicate which privilege forms on page 2.***

☐ Saint Agnes Medical Center	☐ Saint Agnes Medical Foundation

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Primary Specialty/Expertise

Please Select One

Secondary Specialty/Expertise (if applicable)

Please Select One