

REQUEST FOR APPLICATION TO MEDICAL STAFF OF SAN ANTONIO REGIONAL HOSPITAL

• Name			Medical Staff
• Specialty			
Primary Office Address			
Primary Office Phone			
Practice Name			
• Email			
• Mailing address for application (if different from primary office)			
 Credentialing contact if applicable/Name/Number/Email 			
 Do you have current clinical activity in an acute care setting within Yes or No 	n the la	st 24 m	onths?
 Are you able to provide the name of a member of the SARH who alternate? Yes or No 	would	serve as	your
• Are you joining a group practice? Yes, No, If so, Practice Name:			
 Are you currently enrolled in a residency or fellowship program? 	Yes or	No	
Board Certification: Please note – Specific specialties require men certified or show intent to become board certified in the specialty the main focus of their medical practice within the specific intervathe SARH Medical Staff).	or sub	specialt	ty that is
Are you certified by one of the Boards of the ABMS?		Yes	No
If NO, do you qualify to sit for the AMBS exam? Date examination scheduled:	Yes	No	
If NO, did you complete an ACGME approved training program?	Yes	No	
Are you certified by one of the Boards of the American Osteopath			
Association?	Yes	No	
If NO, do you qualify to sit for the AOA Boards?	Yes	No	

Completed forms should be emailed directly to: credentialing@sarh.org

Date examination scheduled:

Are you certified by another Board?

If NO, did you complete an AOA approved training program?

If YES, what Board?_____

Certified in:

Yes

Yes No

No