



**REQUEST FOR APPLICATION TO MEDICAL STAFF OF
SAN ANTONIO REGIONAL HOSPITAL**

- Name
- 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 the last 24 months?
Yes or No
- Are you able to provide the name of a member of the SARH who would serve as your
alternate? Yes or No
- 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 members to be board certified or show intent to become board certified in the specialty or subspecialty that is the main focus of their medical practice within the specific interval of time specified by the SARH Medical Staff).

Are you certified by one of the Boards of the ABMS? Yes No

If NO, do you qualify to sit for the AMBS exam? Yes No

Date examination scheduled: _____

If NO, did you complete an ACGME approved training program? Yes No

Are you certified by one of the Boards of the American Osteopathic Association? Yes No

If NO, do you qualify to sit for the AOA Boards? Yes No

Date examination scheduled: _____

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

Are you certified by another Board? Yes No

If YES, what Board? _____

Certified in: _____

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