

Holy Cross Health Maryland

Center for Practitioner Information (CPI) Application Request Form

E-mail completed form to: MedStaffOffice@Holycrosshealth.org

Red fields are required.

Please ensure the practitioner's name is spelled correctly before submitting this application request. Accurate spelling is essential for verification and processing.

Practitioner's Name: First: _____ Middle: _____ Last: _____ Degree: _____

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

Practitioner's e-mail address (Required): _____

Indicate provider's employer: ___ Employed Medical Grp ___ Hospital (not med grp) ___ Contracted Service ___ Independent

Specialty for Find-A-Provider: _____

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

Maryland License #: _____ If not licensed, has an application been submitted? Yes No

Anticipated start date (date of admission/case): _____ Is this a "hot" file? (MSO use only) Yes No

Application request sent to the CPI by: _____

Credentialing Contact (will get unique portal login; name and email required): _____

Copy To (will be notified when portal sent; email required): _____

Office Information: Joining an existing practice? Yes No

Name of another practitioner whose office can be copied: _____

Primary office name: _____

Office address (include city & ZIP): _____

Office phone: _____

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

Full Initial Appointment/Credentialing (with or without clinical privileges)

Delegated Telemedicine Credentialing

Add/Mid-Cycle Privileges (already on staff at the hospital). If a peer reference is required, provide name & email below

Add Facility (portal within last 4m and launch "Add Facility" portal). If a reference is required, provide name and email below.

Professional Reference Name (for Add Privileges/Add Facility): _____

Professional Reference Email: _____

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

Holy Cross Hospital (MD)

Holy Cross Germantown Hospital

Professional Services of Holy Cross *CPI: Add THMGCV too, only if the provider is employed by THMG*

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<u>Holy Cross Hospital, Silver Spring DOP's</u>		
<input type="checkbox"/> Academic Staff	<input type="checkbox"/> Hematology Oncology	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Advance Hand Surgery	<input type="checkbox"/> Holy Cross Health Center	<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Medicine	<input type="checkbox"/> Podiatry
<input type="checkbox"/> APP – Certified Registered Nurse Anesthetist	<input type="checkbox"/> Neuromonitoring	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> APP – Nurse Midwife	<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Psychology
<input type="checkbox"/> APP – Nurse Practitioner	<input type="checkbox"/> Obstetrics & Gynecology	<input type="checkbox"/> Radiation Oncology
<input type="checkbox"/> APP – Physician Assistant	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Radiology
<input type="checkbox"/> APP – Psychology	<input type="checkbox"/> Oral Surgery	<input type="checkbox"/> Surgery
<input type="checkbox"/> Critical Care Medicine	<input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Surgical House Officer
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Palliative Medicine	<input type="checkbox"/> Thoracic and Cardiovascular Surgery
<input type="checkbox"/> Family Practice	<input type="checkbox"/> Pathology	<input type="checkbox"/> Urology
<u>Holy Cross Germantown Hospital DOP's</u>		
<input type="checkbox"/> Academic Staff	<input type="checkbox"/> Holy Cross Health Center	<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Advanced Hand Surgery	<input type="checkbox"/> Medicine	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Neuromonitoring	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> APP – Certified Registered Nurse Anesthetist	<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Radiation
<input type="checkbox"/> APP – Nurse Midwife	<input type="checkbox"/> Obstetrics & Gynecology	<input type="checkbox"/> Radiation Oncology
<input type="checkbox"/> APP – Nurse Practitioner	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Radiology
<input type="checkbox"/> APP – Physician Assistant	<input type="checkbox"/> Oral Surgery	<input type="checkbox"/> Remote Monitoring
<input type="checkbox"/> Critical Care Medicine	<input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Surgery
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Surgical House Officer
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Palliative Medicine	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> Family Practice	<input type="checkbox"/> Pathology	<input type="checkbox"/> Thoracic and Cardiovascular Surgery
<input type="checkbox"/> Hematology Oncology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Urology