

# uhealth

## Request for Application

**NOTE: UCHealth CVS requires 60 business days to process an application following receipt of a completed application, consent and release, and request for privileges. An additional 30 days is required for facility processing and committee review.**

Applicant's full legal name \_\_\_\_\_ Degree \_\_\_\_\_

Clinical Practice/Group Name \_\_\_\_\_

Clinical/Primary Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Clinical Office Phone \_\_\_\_\_ Clinical Office Fax \_\_\_\_\_

Applicant's Email (required - must be unique to applicant) \_\_\_\_\_

Applicant's mobile phone number \_\_\_\_\_ Applicant's Individual NPI \_\_\_\_\_

Anticipated Start Date \_\_\_\_\_ Date of Birth (required) \_\_\_\_\_ SS# (required) \_\_\_\_\_ Gender \_\_\_\_\_

Specialty Board/Professional Certification Status:  Certified  Admissible  Not Certified  N/A

If certified or admissible, what specialty/subspecialty? \_\_\_\_\_

If not certified or N/A, explain \_\_\_\_\_

*(Note: UCHealth Hospitals require practitioners be board certified or admissible in the intended field of practice by one the following organizations: the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), the American Board of Oral and Maxillofacial Surgery (ABOMS), the American Board of General Dentistry (Memorial only), the American Board of Pediatric Dentistry (Memorial only), the American Board of Foot and Ankle Surgery (ABFAS). Practitioners who are not board certified at the time of application, but who have completed residency/fellowship training within the past five years shall be eligible for an application. In order to remain eligible, board certification in the intended field of practice must be achieved within five years from the date of completion of training.)*

Intended Clinical Field of Practice/Specialty/Subspecialty \_\_\_\_\_

*(NOTE: If any of the facilities have an exclusive contract for this specialty, the practitioner must be joining the group that holds the contract in order to be eligible for an application to that facility.)*

**Indicate below where membership and/or clinical privileges are being requested:**

	Membership & Privileges	Membership Only (doctors only)	Allied Health Professional
<b>UCHealth Facilities</b>			
UCHealth Medical Group only: <input type="checkbox"/> employed or <input type="checkbox"/> contracted			
Anderson Podiatry Surgery Center (Closed Staff)	<input type="checkbox"/>		<input type="checkbox"/>
Broomfield Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandview Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greeley Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harmony Surgery Center	<input type="checkbox"/>		<input type="checkbox"/>
Highlands Ranch Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Longs Peak Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Longs Peak Surgery Center	<input type="checkbox"/>		<input type="checkbox"/>
Medical Center of the Rockies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorial Hospital (Memorial Central/North/Printers Park Medical Plaza)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic & Spine Center of the Rockies (Closed Staff)	<input type="checkbox"/>		<input type="checkbox"/>
Pikes Peak Regional Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poudre Valley Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgery Center of Fort Collins	<input type="checkbox"/>		<input type="checkbox"/>
Surgery Center of Northern Colorado	<input type="checkbox"/>		<input type="checkbox"/>
University of Colorado Hospital (Faculty Appointment Required)	<input type="checkbox"/>		<input type="checkbox"/>
Dept: _____ Section: _____			
Yampa Valley Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Return via email to [uhealth-credentialing@uhealth.org](mailto:uhealth-credentialing@uhealth.org) or via fax to 720-848-9347**

Are you providing telemedicine services via a telemedicine agreement with University of Colorado Hospital (i.e., stroke, echo, v-ICU, etc.) Yes No Unsure

Activity: At the time of your anticipated start date, will you have had at least 20 inpatient contacts within the specialty in which you are requesting privileges in the past 12 months? Yes No If no, please explain.

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Allopathic/Osteopathic Doctors and Physician Assistants – AMA Profile Manager

Does the applicant give UCHHealth Credentials Verification Service permission to pre-populate his/her application with credentialing information from the AMA Profile Manager (if available)? Yes No

Provider’s Authorization for a Credentialing Delegate

Does the applicant give UCHHealth Credentials Verification Service permission to allow his/her designated credentialing delegate access to the credentialing website to enter his/her credentialing data and attach pertinent credentialing documents on his/her behalf? Yes No

If yes, please note the applicant is responsible for the data submitted, and therefore, must review the data and documents and attest to their accuracy before submitting the application packet to UCHHealth Credentials Verification Service via the website. The delegate should not submit the application on behalf of the applicant. Only one delegate can be assigned to an applicant.

Delegate’s Name \_\_\_\_\_

Delegate’s Email \_\_\_\_\_

Delegate’s Phone \_\_\_\_\_

Department & Section (For CU Faculty only) \_\_\_\_\_

***If you have any questions regarding qualifications for medical staff membership and/or clinical privileges, please contact Medical Staff Services at the hospital where you wish to apply.***

- Anderson Podiatry Center Surgery: 970-848-4620
- Broomfield Hospital: 303-460-6015
- Grandview Hospital: 719-272-3614
- Harmony Surgery Center: 970-297-6300
- Highlands Ranch Hospital: 720-516-0050
- Inverness Orthopedic & Spine Surgery Center: 720-516-0050
- Longs Peak Hospital: 720-718-3011
- Longs Peak Surgery Center: 720-718-3011
- Medical Center of the Rockies: 970-624-1225
- Memorial Hospital: 719-365-9600
- Poudre Valley Hospital: 970-495-7153
- Surgery Center of Fort Collins: 970-494-4800
- Surgery Center of Northern Colorado: 970-221-2222
- University of Colorado Hospital: 720-848-7986
- University of Colorado Medical Group: 970-624-4443
- Yampa Valley Medical Center: 970-871-2390

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