



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 _____

Practice Name _____

Practice 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.)

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.

Allopathic/Osteopathic Doctors and Physician Assistants – AMA Profile Manager

Does the applicant give UCHealth 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 UCHealth 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 UCHealth 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) _____



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

	Membership & Privileges	Membership Only (doctors only)	Allied Health Professional
UCHealth Facilities			
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 (Note: Anesthesiologists, CRNAs & AA-Cs require a UCD Faculty appointment to apply to HRH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inverness Surgery Center (Closed Staff)	<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) ANPs: Will you be admitting to the hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic & Spine Center of the Rockies – Fort Collins (Closed Staff)	<input type="checkbox"/>		<input type="checkbox"/>
Orthopedic & Spine Center of the Rockies – Loveland (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) Dept: _____ Section: _____	<input type="checkbox"/>		<input type="checkbox"/>
UCH Advanced Practice Surgical Fellow? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Yampa Valley Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Anderson Podiatry Center Surgery: 970-848-4620
 Broomfield Hospital: 303-460-6015
 Grandview Hospital: 719-365-8990
 Greeley Hospital: 970-495-7153
 Harmony Surgery Center: 970-297-6300
 Highlands Ranch Hospital: 720-516-0050
 Inverness 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
 Orthopedic and Spine Center of the Rockies: Fort Collins: 970-493-0112 Loveland: 970-663-3975
 Pikes Peak Regional Hospital: 719-686-5707
 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