Trinity Health (CPI) Application Request Form

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

*Red Fields are Required

Practitioner's Name: First: Middle: Last:

Degree: ☐MD ☐DO ☐ DPM ☐DDS ☐NP ☐CRNA ☐PA ☐PhD ☐Other:

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

Practitioner's e-mail address (Required):

Should MSOW record be shared with Network Mgmt? ☐Yes ☐No

Will the practitioner be part of the Employed Medical Group ☐ Yes ☐ No

Is the practitioner ☐ Joining a group with a contracted service ☐ Independent Contract ☐ Other

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

Does the practitioner have a Maryland license ☐Yes ☐No

License #: If no, 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 requested/form sent by:

Credentialing Contact (will have their own portal login/password) (Name and Email Required):

If you would like another individual to be notified when an application is emailed, provide name and email address:

Office Information: Joining an existing practice? ☐Yes ☐No Name of practitioner to be mirrored?

Primary office name:

Office address (include city & ZIP):

Office phone: Office fax:

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

☐ Full Initial Appointment/ Credentialing (w/ or w/o clinical privileges)
☐ Abbreviated Locum Tenens Process
☐ Add/Mid-Cycle Privileges (already on staff at the hospital). If a peer reference is required, provide name & email below
☐ Add Facility (portal summary w/in last 6 mo & launch "Add Facility" portal). If a reference is required, provide name & email

Reference Name (for Add Privileges/Add Facility):

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

REV. 6.2021; 08/2021; 01/2022; 5/2022; 09/2022

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

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