APPLICANT	NAME:	
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Medical Directorship

I hereby request surgical privileges in the specialty of General Surgery as shown in this form. I understand that privileges granted are subject to a bi-annual review coinciding with reapplication for medical staff membership. I also understand that application for additional or new procedures can be made at any time with proper documentation.

Please indicate with an X'' in the appropriate box and by signature at the end of this document the procedures you are requesting privileges for.

Applied for		Approval	
		☐ YES	□ NO
	CLIA LAB Directorship	☐ YES	□ NO
		☐ YES	□ NO
		☐ YES	□ NO
	QAPI Program Chairperson	☐ YES	☐ NO
	QALTI Togram Onaliperson	☐ YES	☐ NO
		☐ YES	☐ NO
		☐ YES	☐ NO
		☐ YES	☐ NO
		☐ YES	☐ NO
	Physician Supervision of the house, the	☐ YES	☐ NO
	program, the patients, the staff.	☐ YES	□ NO
		☐ YES	□ NO
		☐ YES	□ NO
		☐ YES	☐ NO
		☐ YES	☐ NO
		☐ YES	□ NO
	Membership position with voting power to the	☐ YES	☐ NO
	governing body	☐ YES	☐ NO
		☐ YES	☐ NO
		☐ YES	☐ NO
	.	☐ YES	☐ NO
		☐ YES	□ NO
		☐ YES	☐ NO
		☐ YES	□ NO
		☐ YES	☐ NO
		☐ YES	□ NO
		☐ YES	□ NO
		□ vec	\bigcap NO