



Centralized Verification Services
 3500 Gaston Avenue
 Bryan Tower, Suite 2800
 Dallas, TX 75246-1400
 Phone: (214) 820-6318

BHCS INITIAL APPLICATION REQUEST FORM

Please send completed form to: medstaffservices@baylorhealth.edu or fax to (214) 820-6358

DATE OF REQUEST: _____ REQUESTOR'S NAME/PHONE: _____

DOES APPLICANT HAVE A CURRENT TEXAS LICENSE? YES NO IF NO,

HAS THE APPLICANT APPLIED FOR A TEXAS LICENSE THROUGH THE APPROPRIATE LICENSING BOARD? YES NO If "No" the applicant is not eligible to apply for membership/privileges until an application for licensure has been verified.

APPLICANT'S NAME AS IT APPEARS ON LICENSE: _____

DEGREE/CERTIFICATION: _____ (i.e. MD, DDS, PA, PHD) SSN: _____ DOB: _____

SPECIALTY/SUBSPECIALTY(IES): _____

BOARD CERTIFIED? YES NO - IF YES, SPECIFY _____

IF NOT, ARE YOU BOARD ELIGIBLE? YES NO

ALLIED HEALTH PROFESSIONAL (SPECIFY PRIVILEGE) _____

ALLIED HEALTH PROFESSIONAL SPONSORING PHYSICIAN NAME (s): _____

PRIMARY OFFICE ADDRESS:

ADDRESS: _____ SUITE _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

MAIL APP TO (IF DIFFERENT FROM PRIMARY ADDRESS):

ADDRESS: _____ SUITE _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

ARE YOU APPLYING, OR HAVE YOU APPLIED TO OTHER BAYLOR HOSPITALS? YES NO

IF APPLYING CONCURRENTLY, WHICH HOSPITAL WILL BE PRIMARY? _____

- BASC Baylor All Saints Medical Centers
- BHVH Baylor Heart & Vascular Hospital
- BIR Baylor Institute for Rehabilitation
- BMCC Baylor Medical Center at Carrollton
- BMCG Baylor Medical Center Garland
- BMCI Baylor Medical Center Irving
- BMCM Baylor Medical Center McKinney
- BMCW Baylor Medical Center Waxahachie
- BRMG Baylor Regional Medical Center Grapevine
- BRMP Baylor Regional Medical Center Plano
- BSHC Baylor Specialty Health Centers
- BUMC Baylor University Medical Center
- THBP The Heart Hospital Baylor Plano

TO BE COMPLETED BY MEDICAL STAFF SERVICES/CVS ONLY

DATE APP ENTERED IN SYSTEM: _____ DATE APP MAILED: _____

NAME OF STAFF OBTAINING INFORMATION: _____