Texas Health Presbyterian Hospital DALLAS

Initial Request Form

Thank you for your inquiry to Texas Health Presbyterian Hospital Dallas.
Please complete each item on form and return via email to **THDMEDICALSTAFFOFFICE@texashealth.org**
We ask that you kindly allow *a MINIMUM of 90 DAYS* for the credentialing process

- **Practitioner Information**
  - Name on Texas License: _____
  - **Full** Home Address: _____
  - DOB: _____
  - Mobile Number: _____
  - Primary Email Address: _____
  - Degree: _____
  - Gender: _____
  - Social Security Number: _____
  - NPI Number: _____
- **Residency** _____
  - Month/Year (mm/yyyy) residency program was completed: _____
- **Board Certified**
  - Name of board: _____
  - Date Certified: _____
- **Intended Practice Plan:** Briefly describe your reason for applying for THD medical staff privileges and your intended scope of practice (* required) _____

  _____
- **Staff Category at THD:** _____
- **Primary Practice Office Information**
  - Group Name: _____
  - Address: _____
  - Phone: _____
  - Fax: _____
  - Sponsoring physician name (APP / AHP only): _____
  - Call coverage physician name (physicians only): _____
- **Credentialing Contact Information**
  - Name: _____
  - Address: _____
  - Phone: _____
  - Fax: _____
  - Email: _____
- **Requesting privileges at any other Texas Health Resources facility(ies)?:** **YES** ◯ **NO** ◯
  - If yes, which facility(ies): _____
- **Of the Texas Health Resources facility locations(s) where you're requesting privileges, please list:**
  - Primary THR Facility: _____
- **Anticipated Start Date:** _____

Name of your anticipated and/or current CMS-certified admitting facility: _____

PLEASE ALSO SUBMIT A VALID PICTURE ID ISSUED BY A STATE OR FEDRAL AGENCY (i.e. a driver's license or passport)

THD MSS COORDINATOR REVIEW SIGNATURE: _____

Texas Health Dallas' credentialing process is paperless and submitted on-line. You will receive an email notification directing you to your application, which will be sent to the practitioner's email address provided above. Please feel free to contact the Medical Staff Office via email at **THDMedicalStaffOffice@texashealth.org** or call us at (214) 345-7585 with any questions or concerns.