

Pre-Application Checklist

Applicant Name (PRINTED): _____

Credentials (MD, DO, PA, etc.): _____

Specialty: Anesthesia ENT General Hand Orthopedics
 Plastics Podiatry Other _____

Email: _____ **Cell Phone:** _____

In order to receive an application packet, the candidate must meet the following criteria:

	Yes	No
I am a graduate of an approved School of Medicine, Osteopathy, and Podiatry.		
I am a graduate of an accredited residency program.		
I am currently licensed in the State of Michigan.		
I am currently: <input type="checkbox"/> board certified <input type="checkbox"/> board eligible		
I have active medical staff privileges at an acute care facility with 25 miles of Southwest Surgical Center.		
I am eligible to participate with Medicare / Medicaid.		
I am free from suspensions of licensure, DEA certification, board certification, or clinical privileges.		

I have answered the above questions honestly to the best of my ability. I hereby stipulate that I meet the pre-application criteria set forth in the Southwest Surgical Center Medical Staff Manual.

Applicant Signature _____ Date _____

The applicant meets the minimum threshold criteria for application to the Southwest Surgical Center. The applicant is approved to begin the full application process.

Operations Committee Member Signature _____ Date _____