Texas Standardized Credentialing Application

Attachment D – Other Current Hospital Affiliations

Other hospital where you have privileges			Start date (mm/yyyy)
Address			
City State/Country Postal code			
Phone number	Fax	Email	
Full unrestricted privileges?	Types of privileges (provisional, limited, cond	litional, etc.)	Are privileges temporary?
Of the total number of admissions to all hospitals in the past year, what percentage is to this specific hospital?			
Other hospital where you have privileges			Start date (mm/yyyy)
Address			
City State/Country Postal code			
Phone number	Fax	Email	
Full unrestricted privileges? Yes No	Types of privileges (provisional, limited, cond	itional, etc.)	Are privileges temporary?
Of the total number of admissions to all hospitals in the past year, what percentage is to this specific hospital?			
Other hospital where you have privileges			Start date (mm/yyyy)
Address			
City State/Country Postal code			
Phone number	Fax	Email	
Full unrestricted privileges? Yes No	Types of privileges (provisional, limited, cond	litional, etc.)	Are privileges temporary?
Of the total number of admissions to all hospitals in the past year, what percentage is to this specific hospital?			
Other hospital where you have privileges			Start date (mm/yyyy)
Address			
City State/Country Postal code			
Phone number	Fax	Email	
Full unrestricted privileges? Yes No	Types of privileges (provisional, limited, cond	litional, etc.)	Are privileges temporary?
Of the total number of admissions to all hospitals in the past year, what percentage is to this specific hospital?			
Other hospital where you have privileges			Start date (mm/yyyy)
Address			
City State/Country Postal code			
Phone number	Fax	Email	
Full unrestricted privileges?	Types of privileges (provisional, limited, cond	litional, etc.)	Are privileges temporary?
Of the total number of admissions to all hospitals in the past year, what percentage is to this specific hospital?			