

Check One:

- Employed
 Independent Contractor
 Locums Tenens

INITIAL APPLICATION REQUEST FOR MEDICAL STAFF SERVICES

Please type/print using large block letters for legibility. A response is required in all fields.

Date Request Sent to SRGA: (xx/xx/xxxx)	
Applicant's Full Name: (name must match the name on Georgia Medical License)	
Applicant's E-mail Address and Contact Number: <i>*Please notify the Medical Staff Office of your .edu email once issued.</i>	
Title: (MD, DO, PA, CNM, NP, etc.)	
NPI Number: (ten digits)	
State of GA Medical License Number and Expiration (If medical license has not been issued, indicate date applied)	
DEA or N/A	
Department: (Service Line)	
Specialty: (Gastroenterology, OB, Internal Medicine, etc)	
Entity Coordinator and Contact Information: (Person in charge of on-boarding provider)	Please provide name, phone number and e-mail address of contact person:
Hiring Manager Name and Contact Information:	Please provide name, phone number and e-mail address of hiring manager:
Anticipated Start Date:	

Authorization to send an application link is required with signature below.

_____,
Authorized Signature

_____,
Title

_____,
Date

_____,
Authorized Signature

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Title

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Date