

Austin Market Pre-App

Last Name	First Name	Middle Name	Degree	
Specialty:		Email Address	:	
DOB:	NPI:	Texas License	e#	
Board Certification:		ACLS/BI	S □ Yes □ No	
Name of Group:				
Credentialing Contact:				
-	Name	Email		
Please Check off all Fac	cilities at which yo	u would like to apply for P	rivileges:	
Arise Austin Medica	al Center:			
☐ Active Medical Staff		☐ Alli	ed Health Professional (PA, APRN, CRNA)	
☐ Temporary Medical Staff		<u></u> Dер	endent Health Professional (other clinicians)	
☐ Courtesy Medical St	taff			
Northwest Hills Sur Active Medical Staff Temporary Medical	f	<u></u>	ed Health Professional (PA, APRN, CRNA) endent Health Professional (other clinicians)	
☐ Courtesy Medical St		⊒ F	(
Cedar Park Surgery	Center:			
☐ Active Medical Staff		☐ Alli	☐ Allied Health Professional (PA, APRN, CRNA)	
☐ Temporary Medical Staff		□ Dер	endent Health Professional (other clinicians)	
Hays Surgery Cente	er:			
☐ Active Medical Staff		☐ Alli	ed Health Professional (PA, APRN, CRNA)	
☐ Temporary Medical Staff		□ Dер	☐ Dependent Health Professional (other clinicians)	
Stonegate Surgery (<u>Center:</u>			
☐ Active Medical Staff		☐ Allie	ed Health Professional (PA, APRN, CRNA)	
☐ Temporary Medical Staff		☐ Dep	Dependent Health Professional (other clinicians)	