

Dear Applicant:



**MID-LEVEL PRACTITIONER  
APPOINTMENT**

**YOUR APPLICATION WILL BE REVIEWED/CONSIDERED COMPLETE, WHEN ALL DOCUMENTS LISTED BELOW HAVE BEEN RECEIVED AND ALL INFORMATION HAS BEEN VERIFIED.**

- A signed application form. (Information in all sections must be completed. Indicate None or Not Applicable, as appropriate.)
- A signed Clinical Privilege Form. (Indicate your desire scope of privileges in the column entitled "applied". Please bear in mind the privileges requested should be those that are actually performed by you.)
- Three peer references (Please give letter to your peers and ask them to complete & return to Attending Staff Office)

Please Submit a **Copy** of the following documents:

- A copy of Photo I.D. (valid picture ID issued by state, federal agency)
- A copy of your Curriculum Vitae (Month and Year included)
- A copy of your Code of Conduct Acknowledgment (Online, refer to instructions attached)
- A copy of Diploma and other Certificates
- NPI Number (go to <http://nppes.cms.hhs.gov>)
- School Verification Letter or Transcripts directly from school
- Service agreement for Physician Assistants only
- Continuing Medical Education Credits required to maintain license
- List for Hospital Staff Affiliations/Employment (during last 5 years)
- A copy of any special permits or certificates of training required to support your application/privilege request, i.e., (Radiology, Radiography, fluoroscopy license, General Anesthesia permits, CPR certification, ACLS, etc.)
- HIPAA Assessment Exam (Return the answer sheet only)

Please **Sign** the following documents:

- Medicare Acknowledgment Statement
- Data Security Acknowledgment Statement
- Tuberculosis Screening Form
- EMTALA Regulations Letter
- List for Hospital Staff Affiliations (during last 5 years)
- Patient Safety Education (Return quiz)
- Data Systems Access Application (Please fax to the indicated area ONLY)

**You will be notified in writing when your application for membership and privileges have been approved by the Governing Body Representative. Be advised that until then, you cannot attend on any of the services at LAC+USC Healthcare Network and will not be covered for malpractice.**

**RETURN THE APPLICATION PACKET TO: Vera Anguiano**

**Email:** [Vanguiano@dhs.lacounty.gov](mailto:Vanguiano@dhs.lacounty.gov) **Phone:** (323) 409-6225 **FAX:** (323) 441-8123  
Attending Staff Office, 1200 N. State St. CT 2B300 Los Angeles, CA 90033