

Dear Applicant:



MIDLEVEL PRACTITIONER  
REAPPOINTMENT

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

- A signed Reappointment 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.)
- One Peer Reference (Please give letter to your peer)

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

- A copy of Hospital ID or (valid picture ID issued by state, federal agency)
- A copy of your Curriculum Vitae
- Service agreement for Physician Assistants only
- CME Credits (30 Credits within the last 2 years)
- 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:

- Data Security Acknowledgment Statement
- Tuberculosis Screening Form
- EMTALA Regulations Letter
- Moderate Sedation Privilege Request & Exam (If applicable)
- Declaration of Brain Death Privileges (If applicable)
- List for Hospital Staff Affiliations

**You will be notified in writing when your application for membership and privileges have been approved by the Governing Body Representative.**

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

**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. Clinic Tower, Room 2B300 Los Angeles, CA 90033