



Physician Preliminary Application

**General Information:**

Name:

Phone number:

Address:

Email address:

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

(If part-time, please indicate how many hours per month you would like and your evening/weekend availability): \_\_\_\_\_

**Credentials:**

M.D. or D.O.? \_\_\_\_\_

Board Certified? \_\_\_\_\_

Specialty? \_\_\_\_\_

Name of Residency? Did you graduate in good standing? Still in training?

\_\_\_\_\_

ACLS up to date? \_\_\_\_\_

TB up to date? \_\_\_\_\_

Valid and Unrestricted DEA? \_\_\_\_\_

Valid and unrestricted Arizona Medical License? \_\_\_\_\_

Current Hepatitis B vaccination? \_\_\_\_\_

Do you have any gaps in your Medical Malpractice coverage? \_\_\_\_\_

Have you ever been named in a medical liability suit? \_\_\_\_\_

Any felony convictions or criminal convictions relating to controlled substances, illegal drugs, insurance fraud or abuse or violence against others? \_\_\_\_\_

Ever had medical staff appointment or clinical privileges denied, revoked, resigned, relinquished, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct? \_\_\_\_\_

Have you ever been, or are you currently excluded in any way from Medicare or Medicaid? \_\_\_\_\_

Have you maintained good standing with your certifying board, including meeting all requirements for CME on an ongoing basis? \_\_\_\_\_

Have you been involved in active clinical practice within the last two years? \_\_\_\_\_

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Please send this preliminary application along with your current C.V. to [rj@allianceurgentcare.com](mailto:rj@allianceurgentcare.com). Please be sure to include all work experience since residency and explain all gaps in work history greater than 2 months. You will receive an initial response within 48 hours of submitting a completed application.

Thank you for your interest in becoming a member of the Alliance team!