



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? _____

Please send this preliminary application along with your current C.V. to 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!