

|  |   |               |   |
|--|---|---------------|---|
| OTHER HOSPITAL WHERE YOU HAVE PRIVILEGES   |   |               | START DATE (MM/YYYY)  |
| ADDRESS  |   |               |   |
| CITY   |   | STATE/COUNTRY | POSTAL CODE   |
| PHONE NUMBER   | FAX   | E-MAIL        |   |
| FULL UNRESTRICTED PRIVILEGES?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                          | TYPES OF PRIVILEGES (PROVISIONAL, LIMITED, CONDITIONAL, ETC.) |               | ARE PRIVILEGES TEMPORARY?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| OF THE TOTAL NUMBER OF ADMISSIONS TO ALL HOSPITALS IN THE PAST YEAR, WHAT PERCENTAGE IS TO THIS SPECIFIC HOSPITAL? |   |               |   |
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