Mount Carmel Health System and Diley Ridge Medical Center
Trinity Health (CPI) Application Request Form

E-mail completed form to: cvo@mchs.org OR fax to: (614) 546-3542

Practitioner's Name: First: Middle: Last:

Degree: ☐MD ☐DO ☐DPM ☐DDS ☐NP ☐CRNA ☐PA ☐PhD ☐Other:

Date of Birth (Required - mm/dd/yyyy format):

Practitioner's e-mail address (Required):

Should MSOW record be shared with Network Mgmt? ☐Yes ☐No

Which portal: ☐Physician ☐ APP Is this a "**hot**" file? (for MSO use only) ☐Yes ☐No

Is practitioner still in Residency? ☐Yes ☐No Anticipated Grad Date*:
**Applications for June graduates will be released in the beginning of March.*

Is the practitioner board certified? ☐Yes ☐No Practitioner will be: ☐Employed ☐Contracted ☐Other

Anticipated start date (date of admission/case):

Application requested/form sent by:

Credentialing Contact/Delegated User (will have their own portal login/password) (Name and Email Required):

If you would like another individual to be notified when an application is emailed, provide name and email address:

Practitioner Office Information:

Joining an establish practice? ☐Yes ☐No Name of Practitioner to be Mirrored?

Primary office name:

Office address (include city & ZIP):

Office phone: Office fax:

Licensure Status: (State where applicant will be applying):

Does the practitioner possess a license to practice: ☐Yes ☐ No State License #:
If no, has an application for full licensure been submitted? ☐Yes ☐ No

Will the practitioner need clinical privileges? *Check all that apply.*

☐ Initial appointment (with clinical privileges) ☐ Moonlighting Resident (no clinical privileges)
☐ Initial membership only (no clinical privileges ☐ Abbreviated **locum tenens** credentialing process

To which facility(ies) is the practitioner applying? *Indicate which privilege forms on page 2.*

CAQH #:

CAQH updated within 120 Days? ☐Yes ☐No Has Ohio been added as a practicing state? ☐Yes ☐No

☐ Mount Carmel Health (MCE/MCGC)	☐ Mount Carmel New Albany Surgical Hospital	☐ Mount Carmel St. Ann's
☐ Diley Ridge Medical Center		

REV. 11/2019;1/2020;2/2020;5/2020;8/2020

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Mount Carmel Health System DOP's		
☐ Allergy & Immunology	☐ Gastroenterology	☐ Pathology
☐ Anesthesiology	☐ General Surgery	☐ Pediatrics
☐ Anesthesiology & Pain Medicine	☐ Gynecologic Oncology	☐ PM & R
☐ Bariatric Surgery	☐ Hematology Oncology	☐ Plastic Surgery
☐ Cardiology	☐ Infectious Diseases	☐ Podiatry
☐ Cardiovascular & Thoracic Surgery	☐ Internal Medicine	☐ Psychiatry
☐ Cert Anesthesiologist Assistant (CAA)	☐ Maternal Fetal Medicine	☐ Psychiatry (Netcare Applicants Only)
☐ Cert Nurse Midwife (CNM)	☐ Nephrology	☐ Psychology
☐ Cert Clinical Nurse Specialist (CNS)	☐ Neurological Surgery	☐ Pulmonary Medicine
☐ Cert Nurse Practitioner (CNP)	☐ Neurology	☐ Radiology
☐ CNP Wound Care Hyperbaric Oxygen Therapy Form	☐ Neuropsychology	☐ Rheumatology
☐ Cert Nurse Practitioner Critical Care	☐ Non MD/DO Dentistry	☐ Telemedicine
☐ Colon & Rectal Surgery	☐ OB/GYN	☐ Thoracic Surgery
☐ Critical Care (Intensivists)	☐ Occupational Medicine	☐ Urology
☐ Critical Care (Surgical)	☐ Ophthalmology	☐ Vascular Surgery
☐ CRNA	☐ Oral & Maxillofacial Surgery	☐ Wound Care
☐ Dermatology	☐ Orthopedic House Physician	☐ OTHER (not listed above)
☐ Emergency Medicine	☐ Orthopedics	
☐ Endocrinology	☐ Otolaryngology (ENT)	
☐ Family Medicine	☐ PA	
☐ Female Pelvic Medicine & Reconstructive Surgery	☐ Pain Medicine	
Diley Ridge Medical Center DOP's		
☐ AHP Certified Nurse Practitioner (CNP)	☐ Internal Medicine	☐ Radiology
☐ Cardiology	☐ OB/GYN	☐ OTHER (not listed above)
☐ Emergency Medicine	☐ PA	
☐ Family Medicine	☐ Pathology	

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