



REQUEST FOR APPLICATION

To which hospital(s) is the applicant requesting privileges/clinical services?

- St. John Hospital and Medical Center
St. John North Shores Hospital
St. John Oakland Hospital
St. John River District Hospital
St. John Macomb Hospital
St. John Detroit Riverview Hospital
Community Health (Invitation Only)
Brighton Hospital (Invitation Only)
* Providence Hospital call: 248-849-8526
Fr Murray Nursing Center (Invitation Only)
St. John Senior Community (Invitation Only)

Name of individual requesting application Phone

*NOTE: There is a \$250 application fee. Any additions to another St. John Health hospital in the future will assess another \$250 application fee.

FOR PHYSICIANS: The applicant's Curriculum Vitae must accompany this form

Practitioner Name Title

Practitioner Address

Telephone Fax Specialty

Board Certified/Eligible: Y N ABMS AOA Other

- Is the applicant in a current Residency program?
Will the applicant be employed by St. John Health?
Does the applicant hold a current State of Michigan License?
Does the applicant hold a current Controlled Substance License?
Does the applicant hold a current DEA Certificate?
Are the privileges to be requested for telemedicine only?
Does the applicant have current Professional Liability Insurance?

FOR ALLIED HEALTH PRACTITIONERS: The applicant's Curriculum Vitae must accompany this form

Allied Health Practitioner Name Degree

Allied Health Practitioner Address

Telephone Fax Specialty

Does the applicant hold any certifications? Y N NCCPA ANCC AANA Other

- Who is the employer? Hospital Name OR Physician Name
Who is providing Professional Liability Insurance? Hospital Physician
Does the applicant hold a current State of Michigan License/Registration?
Does the applicant hold a current Specialty License? CRNA, PA, NP, Midwife (circle one)
If applicant has applied but not received Specialty License, has proof of licensing application been provided?
Does the applicant hold a current DEA Certificate?

**Return Request Form and CV by mail or by fax:
Christina Pajak, CPCS
Corporate Medical Staff Services
28000 Dequindre
Warren, MI 48092
Fax: 586-753-1035**

CRITERIA TO APPLY

Please pay special attention to the below criteria. For an application to be issued by the separate St. John Health medical staffs you must meet or exceed the criteria to apply.¹

HOSPITAL	MI License	MI CSR	DEA	Liability Insurance	Physician Board Certification	Podiatry Board Certification
St. John Hospital & Medical Center (SJHMC) Medical Staff Office 313-343-3326 Facility is located in DETROIT	✓	✓	If Applicable	✓	Board Certified or Letter from board stating acceptance	American Board of Podiatric Surgery (ABPS)
St. John North Shores Hospital (SJNSH) Medical Staff Office 586-466-5251 Facility is located in HARRISON TWP	✓	✓	✓	✓	Board Certified or Letter from board stating acceptance	American Board of Podiatric Surgery (ABPS)
St. John River District Hospital (SJRDH) Medical Staff Office 810-329-5382 Facility is located in EAST CHINA	✓	✓	✓	✓	Board Certified or Letter from board stating acceptance	American Board of Podiatric Surgery (ABPS)
St. John Macomb Hospital (SJMh) Medical Staff Office 586-573-5978 Facility is located in WARREN	✓	✓	✓	✓	Board Certified or Letter from board stating acceptance	American Board of Podiatric Surgery (ABPS)
St. John Detroit Riverview Hospital (SJDRH) Medical Staff Office 313-499-4666 Facility is located in DETROIT	✓	✓	✓	✓	Board Certified or Letter from board stating acceptance	American Board of Podiatric Surgery (ABPS)
St. John Oakland Hospital (SJOH) Medical Staff Office 248-967-7790 Facility is located in MADISON HGTS	✓	✓	If Applicable	✓	Board Certified or Letter from board stating acceptance	American Board of Podiatric Surgery (ABPS) or American Board of Podiatric Orthopedics & Primary Podiatric Medicine (ABPOPPM)
Senior Community Administration 313-343-8262 Facility is located in DETROIT	✓	✓	✓	✓	Board Certified or Letter from board stating acceptance	American Board of Podiatric Surgery (ABPS)
Father Murray Nursing Center Administration 586-755-1488 Facility is located in WARREN	✓	✓	✓	✓	Board Certified or Letter from board stating acceptance	American Board of Podiatric Surgery (ABPS)
Brighton Hospital (BH) Administration 810-227-1211 Facility is located in BRIGHTON	✓	✓	✓	✓	Not Required	Not Required
Providence Hospital (PH) Medical Affairs 248-849-2036 Facility is located in SOUTHFIELD	✓	✓	If Applicable	✓	Board Certified or Letter from board stating acceptance	American Board of Podiatric Surgery (ABPS)

Clarifications

- Board Certification - refers to certification by the ABMS or AOA specialty board for MD and DO applicants
- SJMH, SJOH, SJNSH, and SJRDH offer an alternative practice review. If you are interested in this please contact that Medical Staff Office for more details prior to returning your application

¹ This is only intended as a guideline to be used for general purposes. There may be additional requirements. Please refer to the applicable policies for details to the specific criteria.