

Critical Access Hospital

Temporary Privilege Request Form

Provider Name: _____

Specialty: _____

License #: _____

DEA #: _____

Requested Privileges:

Reason for Temporary Privileges:

- ☐ Emergency patient care need
- ☐ Coverage pending Medical Staff approval
- ☐ Locum tenens assignment

Verification Completed:

- ☐ State License
- ☐ DEA Registration
- ☐ Board Certification
- ☐ NPDB Query

lost

Effective Dates: From _____ To _____

Provider Attestation: