

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

Effective Dates: From _____ To _____

Provider Attestation:

[Handwritten signature/initials]