ORLANDO HEALTH® | Credentialing Verification Office

PROVIDER INTEREST FORM

Please complete this form and return with a copy of your CV to: OrlandoHealthCVO@orlandohealth.com

Provider First Name:	**Provider Middle Name:**	**Provider Last Name:**
Credential(s) (MD, DO, PA, APRN):	**DOB:**	**Gender:**
Aliases:	**FL License Number:**	**Anticipated Start Date:**
If employed, provide department number in order to cover fees below:	**NPI:**	**PCP:** ☐ **Specialist:** ☐
Name of Practice:	**Provider Email:**	**Provider Cell #:**
Primary Office Address: / **Office Hours:**	**If an Allied Health Provider, list primary supervising physician:**	
	Practice Manager/Adminstrator (Name, Email, Phone):	
Office Phone #: / **Office Fax #:**	**Credentialing Contact (Name, Email, Phone):**	
Secondary Office Address: / **Office Hours:**		

Speciality:	Board Certification:	Issued:	Expiration:	Board	Board Eligible:
Primary:				Yes ☐ No ☐	Yes ☐ No ☐ **Date Exam taken/Scheduled:**
Secondary:				Yes ☐ No ☐	Yes ☐ No ☐ **Date Exam taken/Scheduled:**

SELECT ALL HOSPITALS YOU WISH TO APPLY FOR PRIVILEGES:

Privileges		
Orlando Regional Medical Center (ORMC) ☐	**Health Central Hospital** ☐	**South Lake Hospital** ☐
Winnie Palmer Hospital (WPH) ☐	**Horizon West Hospital** ☐	
Arnold Palmer Hospital (APH) ☐		
Dr. P. P. Phillips Hospital (DPPH) ☐		
South Seminole Hospital (SSH) ☐		
Please indicate one hospital as your primary: _____		
Which staff category best describes your intended activity?	**Which staff category best describes your intended activity?**	**Which staff category best describes your intended activity?**
☐ Active (minimum of 12 patient contacts per year)	☐ Active (minimum of 12 patient contacts per year)	☐ Active (minimum of 12 patient contacts per year)
☐ Active Associate (less than 12 patient contacts per year)	☐ Courtesy (less than 12 patient contacts per year)	☐ Courtesy (less than 12 patient contacts per year)
☐ Active Affiliate (No Clinical Privileges; does not admit or treat patients in the hospital)	☐ Active Affiliate (No Clinical Privileges; Does not admit or treat patients in the hospital)	☐ Active Affiliate (No Clinical Privileges; Does not admit or treat patients in the hospital)
☐ Locum Tenens ONLY (Maximum of 120 Days only)	☐ Telemedicine (Contracted Physicians Only)	☐ Locum Tenens ONLY (Maximum of 120 Days only)
☐ Telemedicine (Contracted Physicians Only)		☐ Telemedicine (Contracted Physicians Only)
Application fee applies for all hospitals listed above. **Physician Fee: $500** **Allied Health Fee: $250**	Application fee applies for all hospitals listed above. **Physician Fee: $400** **Allied Health Fee: $250**	Application fee applies for hospital listed above. **Physician Fee: $500** **Allied Health Fee: $300**

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