NM REQUEST FOR NM APPLICATION

Updated 04/2023

Required fields are outlined in red. Once complete select the Submit this Form button and attach a current CV to the email. Average processing time for active privileges is 90 days from the day the application is submitted.

Provider Name - Degree - DOB NPI

Provider Home Address City, State, Zip

Provider Email Provider Cell Phone

Person filling out this form: Email to be copied on correspondence:

PLEASE NOTE: *A $550 application fee will be charged per NM facility at which the provider is requesting privileges. Application fees are non-refundable and are expected be paid within 7 days of the invoice to avoid delays in application processing and granting of appointment/privileges. Please include an email address that the application invoice should be sent. You will receive an invoice from noreply@clover.com*

SEND INVOICE TO:

Illinois Medical License	Active?	Yes ☐	No ☐	If YES, provide Number, if NO date applied	
Illinois Controlled Substance License	Active?	Yes ☐	No ☐	If NO, date applied	☐ Not Required for Discipline
DEA Registration *Registered in IL*	Active?	Yes ☐	No ☐	If NO, date applied	☐ Not Required for Discipline

Requested Start Date *Please Note* - Requested start dates less than 90 days ***WILL be changed to 90 days from the day the application is sent***. Please keep in mind that timely responsiveness is essential.

Northwestern Medicine Physician Network (NMPN) supports physicians in partnering with Northwestern Medicine in the delivery of consistent high-quality care to the patients and communities we serve.

☐ YES, I am joining NMPN. ☐ NO, I am not joining NMPN. Group NPI Group TIN

Select the Provider Grouping, Classification and Specialty to populate the Taxonomy Code

- Select One -

Select the Hospital(s)/Surgery Center(s) at which the provider would like to apply. Select one facility as the primary NM location in which the provider will be spending the majority of his/her time. Indicate if inpatient privileges are need at the specific location.

Request Credentialing for	**Primary Facility**	Inpatient	Community Affiliate	Telemedicine Only	*Collaborating or Covering Physician*
- Select One -	☐	☐	☐	☐	
- Select One -	☐	☐	☐	☐	
- Select One -	☐	☐	☐	☐	
- Select One -	☐	☐	☐	☐	

Practice Name

Mirror Offices - *If applicable, enter the name of a provider to "mirror ALL offices."* ***Please note that all clinical office locations should be identical to use this selection.*** *Otherwise, enter office information below, including suite number with the primary first.*

☐ Mirror Offices of Provider Name:

Office Designation	Office Address	City	State	Zip	Phone	Fax
- Select One -						
- Select One -						
- Select One -						

NMG/RMG REQUEST FOR NM APPLICATION

Provider Name - Degree -

APP Applicants Only

What is the expectation of the APP's role? Please check all that apply.

Will the APP manage care on inpatients? ☐ Yes ☐ No

Will the APP be requesting inpatient procedures? ☐ Yes ☐ No

Will the APP be first assist in the operating room? ☐ Yes ☐ No

The local medical staff MD/ APP leadership may require the submission of additional documentation to support the role.

Notes

NORTHWESTERN MEDICINE INTERNAL USE ONLY BELOW THIS LINE

Northwestern Memorial Hospital Applicants Only

I, attest that Chair, Dept of

has approved the release of a Northwestern Memorial Hospital Medical Staff application and request for Northwestern University Feinberg School of Medicine faculty appointment *(if applicable)* for: - Degree -

*****Medical Staff Office Use ONLY*****

PLEASE NOTE: If the correct option is not available in a dropdown, type in entry.

Facility	Department	Section
- Select On		
- Select On		
- Select On		
- Select On		

Facility	Privilege Form	MSO Notes
- Select On		
- Select On		
- Select On		
- Select On		

Notes