



# Request for Application

## Clinical Privileges, Medical Staff Membership and/or Network Participation

Please complete *all* of the following fields. Your name must appear on this form as it does on your state professional license (if applicable). Your email address must be your personal email address; we cannot accept the email address of anyone other than you as the prospective applicant. Please return this application request form to [enterprise.credentialing@memorialhermann.org](mailto:enterprise.credentialing@memorialhermann.org). Date: \_\_\_\_\_

### FOR ALL PRACTITIONERS

Physicians must obtain board certification recognized by the ABMS, AOA, ADA or ABFAS on or before the final anniversary of the first day in which he/she was eligible to sit for the board certification exam. Please note, board certification is not a sole requirement for clinical privileges, medical staff membership and/or network participation. Board certification, AMA and AOA may be verified with the application request process. \*If applying for privileges at a Memorial Hermann hospital and/or an affiliate, applications for specialties including, but not limited to, emergency medicine, pathology, radiology and neonatology may not be accepted unless the applicant is affiliated with a contracted group(s).

Last Name		First Name		M/I	Suffix	Professional Degree	
Other Name	Date of Birth	Social Security #	Individual NPI #	CAQH ID #	DEA #	Texas Professional License#	
Personal Cell Phone	Personal Email Address		Primary Facility	Check Only One of the Following <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Hospital-Based			
Primary Specialty	Subspecialty	Board Certified Yes   No	Name of Certifying Board	Clinical Rotation Yes   No	Residency Completion	Fellowship Completion	
Practice Specific Privileges Desired			Supervising/Sponsoring Memorial Hermann Medical Staff (AHP Only)				
Group Name/Practice Name		Group Tax ID #	Group NPI #	Office Phone Number		Office Fax Number	
Primary Office Address			Suite	City	State	Zip Code	
How do our Memorial Hermann Hospital and/or affiliated centers fit your practice plan? *				Website			

### CREDENTIALING CONTACT INFORMATION

Credentialing Contact Name	Credentialing Contact Email Address	Credentialing Contact Phone Number
----------------------------	-------------------------------------	------------------------------------

### PRACTICE MANAGER INFORMATION

Practice Manager Name	Practice Manager Email Address	Practice Manager Phone Number
-----------------------	--------------------------------	-------------------------------

**Please indicate all facilities or entities to which you wish to apply.**

[Memorial Hermann Hospitals](#)

- |   |   |
|---|---|
| <input type="checkbox"/> Greater Heights (Northwest)  | <input type="checkbox"/> Southeast                          |
| <input type="checkbox"/> Katy   | <input type="checkbox"/> Southeast-Pearland                 |
| <input type="checkbox"/> Memorial City  | <input type="checkbox"/> Southwest                          |
| <input type="checkbox"/> Northeast  | <input type="checkbox"/> Sugar Land                         |
| <input type="checkbox"/> Rehabilitation Hospital-Katy   | <input type="checkbox"/> Surgical Hospital Kingwood         |
| <input type="checkbox"/> Cypress Hospital<br><small>(additional fee applies when TMC &amp; Cypress are both selected)</small> | <input type="checkbox"/> Surgical Hospital First Colony     |
|   | <input type="checkbox"/> The Woodlands                      |
|   | <input type="checkbox"/> TIRR Texas Medical Center Location |
|   | <input type="checkbox"/> TOPS Surgical Specialty Hospital   |
|   | <input type="checkbox"/> Texas Medical Center (TMC)         |
|   | <input type="checkbox"/> Children's                         |
|   | <input type="checkbox"/> Orthopedic & Spine                 |

[MHMD Physician Network](#)

MHMD Membership is by invitation only.  
MHMD  
CMS digital contact direct email

(Direct messaging is a solution for the digital endpoint requirements under the CMS Interoperability and Patient Access final rule and allows patient care documents to be sent directly to the physician's EMR)

[Memorial Hermann Affiliated Endoscopy & Surgery Centers](#)

- |  |  |
|--|--|
| <input type="checkbox"/> Surgery Center Memorial Village               | <input type="checkbox"/> Surgery Center Richmond                             |
| <input type="checkbox"/> Endoscopy Center North Loop                   | <input type="checkbox"/> Surgery Center Southwest                            |
| <input type="checkbox"/> Endoscopy & Surgery Center North Houston, LLC | <input type="checkbox"/> Surgery Center Sugar Land                           |
| <input type="checkbox"/> Surgery Center Bay Area Endoscopy Center      | <input type="checkbox"/> Surgery Center Texas International Endoscopy Center |
| <input type="checkbox"/> Surgery Center Greater Heights                | <input type="checkbox"/> Surgery Center Texas Medical Center                 |
| <input type="checkbox"/> Surgery Center Katy                           | <input type="checkbox"/> Surgery Center The Woodlands-Pinecroft              |
| <input type="checkbox"/> Surgery Center Main Street                    | <input type="checkbox"/> Surgery Center West Houston                         |
| <input type="checkbox"/> Surgery Center Brazoria                       | <input type="checkbox"/> Surgery Center Woodlands Parkway                    |
| <input type="checkbox"/> Surgery Center Kingsland                      | <input type="checkbox"/> Surgery Center The Woodlands                        |
| <input type="checkbox"/> Surgery Center Kirby Glen                     | <input type="checkbox"/> Surgery Center Preston Rd                           |

[Memorial Hermann Employed Groups](#)

- MHMG
- MHMG GoHealth Urgent Care
- Mischer

[WorkLink/SafetyNet](#)

WorkLink/SafetyNet