

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. 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			Telemedicine Only
				PCP	Specialist	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
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PRACTICE MANAGER INFORMATION

Practice Manager Name	Practice Manager Email Address	Practice Manager Phone Number
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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"/> TIRR Texas Medical Center Location |
| <input type="checkbox"/> Northeast | <input type="checkbox"/> Sugar Land | <input type="checkbox"/> TOPS Surgical Specialty Hospital |
| <input type="checkbox"/> Rehabilitation Hospital-Katy | <input type="checkbox"/> Surgical Hospital Kingwood | <input type="checkbox"/> Texas Medical Center (TMC) |
| <input type="checkbox"/> Cypress Hospital
<small>(additional fee applies when TMC & Cypress are both selected)</small> | <input type="checkbox"/> Surgical Hospital First Colony | <input type="checkbox"/> Children's |
| | <input type="checkbox"/> The Woodlands | <input type="checkbox"/> Rockets Orthopedic Hospital |

[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 Pinecroft | |
| <input type="checkbox"/> Surgery Center Main Street | <input type="checkbox"/> Surgery Center Woodlands Parkway | |
| <input type="checkbox"/> Surgery Center Brazoria | <input type="checkbox"/> Surgery Center The Woodlands | |
| <input type="checkbox"/> Surgery Center Kingsland | <input type="checkbox"/> Surgery Center Preston Rd | <input type="checkbox"/> Cardiovascular Surgery Center Sugar Land |
| <input type="checkbox"/> Surgery Center Kirby Glen | <input type="checkbox"/> Surgery Center Park Ten | |
| <input type="checkbox"/> Surgery Center Woodforest | <input type="checkbox"/> Surgery Center Pearland | |

[MHMD Physician Network](#)

MHMD Membership is by invitation only.
MHMD

[Memorial Hermann Employed Groups](#)

MHMG
MHMG GoHealth Urgent Care
Mischer
Neighborhood Health Clinics
School Based Clinics

[WorkLink/SafetyNet](#)

WorkLink/SafetyNet

[University Place](#)

Membership is by invitation only.
University Place