**KFMC Health Improvement Partners (KFMC)**

***KFMC use only***:

Date received: ­­­­

Format HC/E copy

**HCPOTP Application**

**Choose one:**

⬜ New application – date submitted:

⬜ Re-verification – date submitted:

Please print name & credentials:

Last First Middle Credentials

Alternate Name(s):

Mailing Address:

If you are part of a group practice, please list the **Name of the group and note the City and State:**

**Provide phone #, fax #, and your email: Mark the box, indicating the best way to contact you.**

⬜ Home Phone: ⬜ Work Phone/Extension:

⬜ Cell Phone: Fax # and contact:

⬜ Email:

**License(s) & Advance Credentials**: License type:

Related license #: State for original license:

Name on original license:

**Current Advanced Credentials & Credentialing Body:**

\_\_\_\_\_\_

**Affiliated Hospitals** (Include City and State):

**Additional Required Information**

**Length of time providing direct patient care and dates: (IR-RCQ 1-2 (a.iv)), IR-RCQ 1-4(b))**

Document the dates reflecting when you have provided direct patient care on a full-time basis (37.5 or more hours a week). The years do not have to be consecutive; however, if not consecutive, you must document the Month/year to Month/year of each occurrence of full time direct patient care.

Month/year: to month/year (or to present):

Month/year: to month/year (or to present):

Month/year: to month/year (or to present):

Month/year: to month/year (or to present):

Month/year: to month/year (or to present):

**Applicant Signature**: \_\_\_ Date of Application: \_\_\_\_\_\_\_\_

Have you provided direct clinical care to patients within the past three (3) calendar years. **(IR-RCQ 1-6(b))**

Yes ⬜ No ⬜

**Check the box beside any document you are enclosing and return with your application.**

**Required return documents:**

⬜ Application

⬜ KFMC PR Attestations

⬜ Copies of advanced certification(s)/training

⬜ Curriculum Vitae

⬜ Confidentiality of Information form

⬜ Organizational Conflict of Interest and Disclosure of Affiliations

⬜ W-9