KFMC Health Improvement Partners (KFMC)
HCPOTP Application

KFMC use only:
Date received: _____
Format HC/E copy

Choose one:

☐ New application – date submitted: _____

☐ Re-verification – date submitted: _____

Please print name & credentials:

_____

Last First Middle Credentials (MD, DO, etc.)

Date of Birth: _____

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