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REQUEST TO ADD CLINICIAN

In order to add a Clinician to staff the Clinic Director and the new Clinician must sign this request as well as include the following credentials:

- Copy of current State Medical License
- Authorization to Release (sign below)

Note: Please include the hours in which the added clinician will be working: _____

I authorize and request that the Clinician listed below be added to Clinic ID # _____

New Clinician's Name: _____

Clinic Director's Signature: _____

Clinic Director's Name: _____

AUTHORIZATION TO RELEASE INFORMATION

In furtherance of my clinic's/agency's application for accreditation and continued accreditation by the American Association for Accreditation of Ambulatory Surgery Facilities, Inc./RA Division, I hereby request and authorize any hospital, any medical staff or any other medical organization with which I am now or have been affiliated to provide information concerning my current or former status with such organization(s). I hereby release from liability any hospital, medical staff or other medical organization for acts performed in connection with the collection of evaluation and submission of such information concerning my status to the American Association for Accreditation of Ambulatory Surgery Facilities, Inc./RA Division

Name of New Clinician

X

Signature of New Clinician

Date: _____