



7500 Grand Ave, Suite 200  
Gurnee, Illinois 60031

Toll Free: 1-888-545-5222  
Phone: 847-775-1970  
Fax: 847-775-1985  
reception@aaaasf.org  
www.aaaasf.org

### **REQUEST TO ADD PHYSICIAN**

*Each physician, P.A., certified nurse mid-wives, and nurse practitioners using the facility must be credentialed and qualified for the medical care they provide.*

In order to add a provider to staff the facility medical director and the new provider must sign this request as well as include the following credentials:

- Copy of current State Medical License
- Authorization to Release Form Signed (See Below)

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

I authorize and request that the provider listed below be added to facility ID # \_\_\_\_\_

New Provider Name: \_\_\_\_\_

Facility Director Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### **AUTHORIZATION TO RELEASE INFORMATION**

In furtherance of my facility's application for accreditation and continued accreditation by the American Association for Accreditation of Ambulatory Surgery Facilities, Inc., 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.

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Name of New Provider

X  
\_\_\_\_\_  
Signature of New Provider

Date: \_\_\_\_\_