AAAASF CURRENT STAFF IDENTIFICATION FORM

7500 Grand Ave, Suite 200
Gurnee, IL 60031
888-545-5222 Fax: 847-775-1985

Name of Practitioner (Please Indicate Credentials - M.D., D.O., M.D./D.D.S., D.P.M.)

State Medical License # **Specialty(s)**

ABMS/AOABOS Certifying Board **Year Certified or Year Eligible**

Local Accredited or Licensed Acute Care Hospital at Which Doctor Has Current Admitting Privileges

Department or Section

Has or has held unrestricted privileges in their specialty at an accredited or licensed acute care hospital within 30 minutes of this facility for all procedures that they perform at this facility?

☐ NO
☐ YES

List Hospital(s)

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