

Urgent Processing Request Form

This form is used to request urgent processing in Credentialing activities for a new practitioner.

Name of Person submitting form:

E-mail:

Phone:

Expedited Applicant Name:

Clinical Department:

Requested start date:

Has request to credentialing already been sent? Y N If so, date sent:

Does applicant have current active NY state license registration? Y N

Has the application been submitted, and is it complete? Y N

Why should this request be placed ahead of others in your department or area who submitted timely credentialing requests?

What are the specific ramifications to quality of patient care if this request is denied?

What situation exists in your department or area that creates a need for urgent credentialing?

Any additional information you wish to provide regarding this request?

Submit form to Medstaff@upstate.edu or via fax to 315.464.8524, Attn: Director