Carolinas HealthCare System

Medical Staff Services
Phone: 704-355-2147
Email: MSSproviderREQ@carolinashealthcare.org

ALLIED HEALTH PROFESSIONAL

Please use this form to request an update to your supervising physician, practicing specialty and/ or if you are requesting an update to your current delineation of privilege(s) form to include new privileges at one or more of the Carolinas HealthCare System facilities, in which you ALREADY hold privileges. Please complete and submit this request form via email to MSSproviderREQ@carolinashealthcare.org . Upon receipt of this form you will be contacted by the Medical Staff Office with further instructions.

Upon Approval of Your Request You Will Be Notified By the Medical Staff Office
(Please allow up to 30 days for processing)

Providers Legal Name:	Title:
Current Specialty:	Department:
Providers Email:	Providers Phone:
Primary Office Address:	Office Phone:
Office Manger Name:	Office Manager Email:

☐ Specialty Request ☐ ADD: ☐ REMOVE:
NOTE: If you are changing your specialty please do not remove your current supervising physician until you have received approval from the Medical Staff Office. This requires an update to your North Carolina License.

☐ Supervising Physician Request ☐ ADD: ☐ REMOVE:
NOTE: If you are changing your supervising physician please do not remove your current supervising physician until you have received approval from the Medical Staff Office. This requires an update to your North Carolina License.

☐ Updated Delineation Privileges Request ☐ ADD:
NOTE: This change will only apply to those facilities where you currently hold privileges.

Please list the new privileges you are requesting: _____

Current CHS Privileges Location(s): Please list all facilities where the change (s) will take place.

METRO:	CMC ☐		CHS LIN ☐		CHS PNV ☐		CHS UNV ☐
	CR ☐		CR: MT Holly ☐		CR: NE ☐		
ENTERPRISE:	CHS ANS ☐		CHS CLV ☐		CHS KM ☐		CHS NE ☐
	CHS UNI ☐		STANLY ☐				

☐ Additional Facility Request:
If you requesting privileges at any of the CHS facilities where you don't currently hold privileges please contact the Medical Staff Office to complete a ***New Application*** via email *MSSproviderREQ@carolinashealthcare.org*

CHS Facilities: Please indicate where you are requesting privileges.

METRO:	CMC ☐		CHS LIN ☐		CHS PNV ☐		CHS UNV ☐
	CR: ☐		CR: MT Holly ☐		CR: NE ☐		
ENTERPRISE:	CHS ANS ☐		CHS CLV ☐		CHS KM ☐		CHS NE ☐
	CHS UNI ☐		STANLY ☐				

NOTE: If you are adding a facility(s), please make sure that your supervising physician has active privileges at the same facility.

Signature: _____ Date: _____