Riverview Regional Medical Center
Medical Staff Office | 600 South 3rd St. Gadsden, AL, 35901 | P: 256-543-5892 | F: 256-543-5832

Initial Application Request Form

____ Employed Provider ____ Group Contractor

____ Independent Contractor ____ Locum Tenens

A response is REQUIRED in all fields. This form WILL NOT be accepted without a CV/Resume attached.

First Name:		
Middle Name:		
Last Name:		
Title:		
Specialty:		
Email:		
Cell Phone:		
NPI Number:		
Date of Birth:		
Social Security Number:		
State of Alabama Medical License:	License Number:	
	Expiration Date:	
State of Alabama DEA:	DEA Number:	
	Expiration Date:	
Medical Practice/Group Information:	Practice Name:	
	Address 1:	
	Address 2:	
	City:	
	State:	
	Zip:	
	Phone:	
	Fax:	
Credentialing Coordinator/Delegate Information:	Name:	
	Email:	
	Direct Phone:	
Collaborating Physician: *Required for all Allied Health Professionals. This physician MUST be a current Active member of our Medical Staff.*	Name:	
	Specialty	