



Atrium Health
 Practitioner Information Form (PIF)
 Physician and Dentist Support Staff

Date of Submission:

Support Staff Information				
Full Legal Name: <input type="checkbox"/> M <input type="checkbox"/> F		SSN:	DOB: Place of Birth:	NPI, if applicable:
Current Address:		City, State, Zip:		
Cell Phone:	Alternate Phone:	Preferred Email:		
		Alternate Email:		
Practicing Specialty:				
Title		Practicing Setting		
<input type="checkbox"/> Audiologist <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Doula <input type="checkbox"/> Patient Experience Coordinator <input type="checkbox"/> Physician Rouser <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Scribe <input type="checkbox"/> Social Worker <input type="checkbox"/> Surgical Assistant <input type="checkbox"/> Surgical Technician <input type="checkbox"/> Other _____		<input type="checkbox"/> Behavioral Health <input type="checkbox"/> Cardiology <input type="checkbox"/> Critical Care <input type="checkbox"/> Emergency Department <input type="checkbox"/> Hematology/Oncology <input type="checkbox"/> Hospice/Palliative Care <input type="checkbox"/> Medical/Surgical <input type="checkbox"/> Neurology <input type="checkbox"/> Operating Room <input type="checkbox"/> Pediatrics <input type="checkbox"/> Women's Care <input type="checkbox"/> Other _____		
Practice Information				
Primary Practice:				
Practice Address		City, State, Zip:		
Practice Phone:	Secure Fax:	Start Date:		
Practice Manager/Contact:		Phone:	Email:	
Sponsoring/Supervising Physician Full Name:				
Hospital Location Information				
Primary Atrium Health facility (if more than one location checked): Anticipated Atrium Access Date: <input type="checkbox"/> Indicate if Emergency Medicine Provider (includes Behavioral Health ED providers)				
Hospital Locations you are applying for: <input type="checkbox"/> CMC/Mercy <input type="checkbox"/> AH Pineville <input type="checkbox"/> AH University City/Lake Norman <input type="checkbox"/> AH Union/Union West <input type="checkbox"/> AH Lincoln <input type="checkbox"/> AH Cabarrus <input type="checkbox"/> AH Cleveland/Kings Mountain <input type="checkbox"/> AH Stanly <input type="checkbox"/> AH Anson <input type="checkbox"/> Carolinas Rehabilitation Main <input type="checkbox"/> Carolinas Rehab-Mt. Holly <input type="checkbox"/> Carolinas Rehab-NorthEast <input type="checkbox"/> AH Surgery Center Indian Train <input type="checkbox"/> AH Surgery Center Shelby <input type="checkbox"/> AH Surgery Center Rock Hill <input type="checkbox"/> AH Surgery Center Huntersville <input type="checkbox"/> AH Surgery Center Denver				

Please complete electronically and forward the completed PIF along with the Support Staff's current Resume/CV to MSScredentiaing@AdvocateHealth.org



Atrium Health

Physician and Dentist Support Staff Checklist

Thank you for choosing Atrium Health! Below are the required documents that you will need to submit to complete the Physician/Dentist Support Staff application process. If at any time you need assistance, please contact the Medical Staff Services office at (704) 355-2147.

Complete application & supporting documents must be returned within 10 business days.

- Enlarged, color copy of current state driver's license, government ID, or military ID
- Resume: Mandatory items listed on your resume should include: complete history for the last seven (7) years Support Staff has lived, worked, gone to School - include city, state, and an explanation of all gaps in time during this seven (7) year time period.
- Negative 12-panel Drug Screen (must be done *independently* and dated within 30-60 days of anticipated access/start date)
- Copy of current license/certification to practice in North Carolina
- Copy of license/certification to practice in any other state
- Copy of highest level of education diploma
- Flu vaccine once Flu Season is declared at Atrium Health (September 1 through March 31st)
 - For Flu Exemption requests, please email TeammateHealthFluInfo@atriumhealth.org
- TB/PPD (Less than 1 year old)
- Varicella, MMR & Hep B vaccines or titers
- Covid vaccine(s), if applicable
- Completed Competency form – will be emailed to applicant
- InCheck background check – will be emailed to applicant
- Color photo for ID badge – please use a professional photo with solid background
- Facility orientation, if entering an Atrium Health operating room. This will be completed after Activation of access.
- Copies of professional training certificates (e.g. surgical technologist, dental assistant, etc.)
- Certificate of Insurance reflecting Atrium Health as the certificate holder and the applicant's name listed under the Physician/Dentist sponsor in the amount of no less than \$1,000,000 per occurrence and \$3,000,000 aggregate.
- Legible Copy of Visa/Work Authorization documentation, if applicable.
- Signed BLS Card, if applicable for discipline requested - (Only American Heart Association cards will be accepted and category must read "Healthcare Provider" or "BLS Provider". BLS card cannot expire within 90 days of application submission; Must be signed by the card holder; Must have instructor name and number listed. Roster or letter of class attendance will not be accepted.

Please email completed items to your Credentialing Specialist as they become available.