

Atrium Health

Provider Information Form (PIF)

Clinical Pharmacist Practitioner

**Date of Submission**:

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| --- |
| Provider Information |
| **Full Legal Name:** **[ ] M [ ] F** | **SSN:**  | **DOB:****Place of Birth:** | **NPI:** |
| Current Address:  | City, State, Zip:  |
| Cell Phone:  | Alternate Phone:  | Preferred Email: Alternate Email**:** |
| **Practicing Specialty:** |  |  |
| Practicing Setting |
| **[ ]** Critical Care **[ ]** Emergency Medicine **[ ]** Family Medicine **[ ]** Hematology/Oncology**[ ]** Infectious Diseases **[ ]** Internal Medicine **[ ]** Medical Toxicology **[ ]** Psychiatry **[ ]** Transplant Medicine  |
| Practice Information |
| Primary Practice:  |
| Practice Address | City, State, Zip:  |
| Practice Phone: SecureFax: | **Start Date**:   |
| Practice Manager/Contact: **Phone: Email**: |
| **Supervising Physician Full Name:**  |
| Hospital Location Information |
| **Primary location (if more than one location checked):****Anticipated Atrium Access Date:** |
| **Hospital Locations you are applying for:** [ ]  AH Anson [ ]  AH Carolinas Medical Center/Mercy [ ]  AH Cabarrus [ ]  Carolinas Rehabilitation Main [ ]  Carolinas Rehab-Mt. Holly [ ]  Carolinas Rehab–NorthEast[ ]  AH Cleveland/Kings Mountain [ ]  AH Lincoln [ ]  AH Pineville [ ]  AH Stanly [ ]  AH Union [ ]  AH University City |

Please complete electronically and forward the completed PIF along with the provider’s current Resume/CVto

**MSSproviderREQ@AtriumHealth.org**



Atrium Health

 Clinical Pharmacist Practitioner 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.

**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. Where the Clinical Pharmacist Practitioner has lived, worked, gone to School - include city, state, and an explanation of all gaps in time during this seven (7) year time period.
* Copy of current license/certification to practice in North Carolina
* Copy of license/certification to practice in any other state
* Copy of DEA
* Copy of Board Certification
* 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)
* Completed Delineation of Privilege Form – Medical Staff Services will email applicant
* Sterling background check – Medical Staff Services will email applicant
* Color photo for ID badge – please use a professional photo with solid background
* Copies of professional training certificates
* 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.

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