

Atrium Health

Provider Information Form (PIF)

Clinical Pharmacist Practitioner

**Date of Submission**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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](mailto: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](mailto: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.**