



**UCONN JOHN DEMPSEY HOSPITAL  
MEDICAL STAFF PRE-APPLICATION FORM**

PLEASE RETURN COMPLETED FORM BY FAX TO 860-679-1992 OR BY EMAIL TO [MedicalStaffOffice@uchc.edu](mailto:MedicalStaffOffice@uchc.edu)

Name of individual completing this form: \_\_\_\_\_

Phone: \_\_\_\_\_

**Applicant information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Do you hold a faculty appointment in the UConn Health School of Medicine or Dental Medicine?  Yes  No  
*Required for physicians, dentists, podiatrists, and clinical psychologists*

**Which category of the Medical Staff would you like to apply to?**

- Active Staff* (Physicians, dentists, podiatrists, and clinical psychologists who will be employed by UConn Health or whose primary hospital will be JDH)
- Affiliated Staff* (Physicians, dentists, podiatrists, and clinical psychologists whose primary hospital is not JDH)
- Advanced Practice Registered Nurse*
- Professional Staff* (PA, CRNA, other disciplines)

What is your specialty? \_\_\_\_\_

What is your subspecialty? \_\_\_\_\_

<b>JDH Medical Staff Office Use Only</b>
Clinical Chief Approved ____/____/____
UMG Status Verified <input type="checkbox"/> Yes-UMG Provider <input type="checkbox"/> No-Not UMG Provider
Application <input type="checkbox"/> emailed <input type="checkbox"/> mailed <input type="checkbox"/> faxed Date ____/____/____
Initials _____