

## New Practitioner Notice Form

This form is used to alert Upstate partners engaged in Credentialing or Onboarding activities to begin the process for a new practitioner.

Applicant First Name: \_\_\_\_\_ Last name: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_ Degree/Title: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_ Secondary e-mail: \_\_\_\_\_

Faculty appointment<sup>1</sup>?      Yes      No      If yes:      Paid      or      Voluntary

Academic Department: \_\_\_\_\_

Desired effective date<sup>\*\*</sup>: \_\_\_/\_\_\_/\_\_\_

*\*\*Please note, desired start dates must be coordinated (as applicable) with Medical Staff Services, Human Resources, and the Faculty Affairs Office. Start dates are not guaranteed. If privileges are required for the hospital, start dates are dependent on credentialing and privileging being complete and approved by the Governing Body prior to the identified start date.*

Employer: \_\_\_ State \_\_\_ Research Foundation \_\_\_ Medbest<sup>2</sup> \_\_\_ UUMAS / MSG<sup>3</sup> \_\_\_ UCM \_\_\_ Other (Please specify): \_\_\_\_\_

Clinical Department: \_\_\_\_\_

Clinical Division, if applicable: \_\_\_\_\_

Clinical Section, if applicable: \_\_\_\_\_

Will this person be 100% remote work (Virtual Radiology or other telehealth worker, not coming on site at Upstate facilities)?      Yes      No

Primary site:      \_\_\_ Downtown      \_\_\_ Community      \_\_\_ Other (Please specify): \_\_\_\_\_

\_\_\_\_\_ Primary Patient Care Address: \_\_\_\_\_

Primary Upstate Mailing Address, if different: \_\_\_\_\_

Supervising or Collaborating physician (NP, PA, CRNA, Master's counselor / therapist, or chiropractor)<sup>4</sup>: \_\_\_\_\_

For Medical Staff, who is providing malpractice liability insurance coverage? \_\_\_\_\_

If a physician, dentist, or podiatrist, who is paying application fee? \_\_\_\_\_

Name of Person submitting form: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Upstate Contact (if different) : \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please attach any documents (e.g.: CV, license, certificates, peer references) collected as part of the recruitment process that can be shared with Upstate partners engaged in Credentialing or Onboarding activities.**

Form must be submitted to Medical Staff Services [medstaff@upstate.edu](mailto:medstaff@upstate.edu) and additionally to those as noted below.

<sup>1</sup> If yes, also send to Faculty Affairs Specialist at [Mehleks@upstate.edu](mailto:Mehleks@upstate.edu)

<sup>2</sup> If checked, also send to Medbest (Lara) at [philipl@upstate.edu](mailto:philipl@upstate.edu)

<sup>3</sup> If checked, also send to UUMAS & Medbest send to your enrollment coordinator at Medbest or UUMAS, or reach out to [lehrerk@upstate.edu](mailto:lehrerk@upstate.edu)

<sup>4</sup> If checked AND a State employed but leasing to MSG or Research Foundation employee, send to [lehrerk@upstate.edu](mailto:lehrerk@upstate.edu)