

### REQUEST FOR TEMPORARY PRIVILEGES

This form is intended to be used to request temporary privileges for a specific time frame, by providers who have been fully credentialed and privileged by Fraser Health within the past 12 months.

*A minimum of 2 weeks is required for processing, once complete provider information has been received.*

PERSONAL INFORMATION			
Full Legal Name:	MSP Number:	Primary Email Address:	
LICENSURE & MALPRACTICE INFORMATION			
BC College License #:	License Type:	Malpractice Insurance Policy Number:	Code:
APPLICATION DETAILS			
<b>Site(s):</b> Primary Site: Other Site(s):		<b>Department:</b>	<b>Division:</b>
<b>Request Type:</b> <i>(provide details in the box below the selection)</i>			
Temporary Surgical Assist	Departmental Coverage	Maternity/Parental Leave Coverage	Other <i>(details below)</i>
<b>Name of Medical Staff Member Requesting coverage/assist:</b>		<b>Dates Requested:</b>	
		Start:	End:
<b>Provide details for the request below:</b>			

Applicant Signature	Date	Signature of Member Requesting coverage or Surgical Assist <i>(if applicable)</i>	Date
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APPROVAL			
By signing below, I am indicating approval for the request as detailed above.			
<i>Additional Notes:</i>			
Local Department Head	Site	Leader Name	Signature
	Date		Date