

REQUEST FOR TEMPORARY PRIVILEGES

This form is to be used to request temporary privileges for a specific time frame, up to a maximum of 12 months. **When used by providers who are currently credentialed and privileged by Fraser Health, a minimum of 2 weeks is required for processing. If this request is for a new provider who does not currently hold privileges with FHA, there is a 4-6 week process time for medical staff application.**

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			
Site(s): Primary Site: Other Site(s):		Department:	Division:
Request Type: <i>(provide details in the box below the selection)</i>			
Surgical Assist	Departmental Coverage	Maternity/Parental Leave Coverage	Other <i>(details below)</i>
Name of Medical Staff Member Requesting coverage/assist:		Dates Requested:	
		Start:	End:
Provide details for the request below:			

_____	_____	_____	_____
Applicant Signature	Date	Signature of Member Requesting coverage or Surgical Assist <i>(if applicable)</i>	Date

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