

**Loma Linda University Medical Center
ADMINISTRATIVE CATEGORY REQUEST FORM**

Name: _____

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SERVICE _____

PRIMARY SPECIALTY: _____ (Required)

| CATEGORY | MEMBERSHIP CATEGORY | ACTION | | |
|--------------------------------|---|----------|------------|--------|
| | | Approved | Conditions | Denied |
| Administrative (Bylaws 4.7) | For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following: | | | |
| | 1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year. | | | |
| | 2. Have completed proctoring for any clinical privileges previously requested. | | | |
| | 3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges. | | | |
| | 4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration. | | | |
| | 5. Be recommended for appointment or reappointment | | | |
| | Failure to meet any of these qualifications will be adequate grounds to deny reappointment. | | | |
| | | | | |

Acknowledgment of Practitioner

I hereby request the Administrative category. I understand I have no clinical privileges at Loma Linda University Medical Center, however I agree to follow the Medical Staff Bylaws and Rules and Regulations, and all Hospital Policies.

Signed: _____

Date: _____

Chief of Service

Date

Credentials Committee

Date

Medical Executive Committee

Date

Approved By Governing Body

Date