

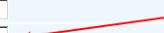


Access the Request for Initial Application Packet in JFR for Hospital Credentialing/Privileging

With a JFR status of Approved, navigate to the DETAILED POSITION VIEW of the JFR. Click 'Credential' to access the Update Credentialing Information Form.

Position Information (JFR06-314-0001)		Delete Edit	
Department:	Pathology	Intended Pathway:	Clinical Educator -- Tenure Track
Sub-Department:	Pathology	Requested Rank:	Assistant Professor
Estimated Salary:	JFR Form: View as PDF View as Web Page		
Description: (** AAMC Salary Data M.D. Clinical Dept. All Schools AAMC Salary Data Ph.D. Clinical Dept. All Schools **)		Click Credential to access the Credentialing Form 	
(** AAMC Salary Data M.D. Basic Science Dept. All Schools AAMC Salary Data Ph.D. Basic Science Dept. All Schools **)			
(** AAAP Salary Table 06-07 AAAP Salary Table 05-06 **)			
(** Financial Business Plan Template for Clinical Financial Business Plan Template for Basic Science **)			
Candidate Information		Add Candidate View Edit FIS Credential	
Candidate Name:		Phone:	
Base Salary:		Email:	
Change Active Candidate To: There are no additional candidates available.			

The system transfers control to the Update Credentialing Information screen. Click 'Submit' to route the form to the Professional Staff Office (Credentialing / Privileges) and other applicable departments.

Personal Information 5		Edit
Candidate Name:		Personal Information will be populated from JFR. Click Edit to change this data on the 'Update Current Candidate Information' screen. 
Email:		
Degree:		
SSN:		
Date of Birth:		
Mailing Address:		
City:	Salt Lake City	
State:	UT	
Zip:	84108	
Department:	Pathology	
Sub Department:	Pathology	
Faculty Appointment Title:	Assistant Professor	
Request for Credentialing/Privileges		
Requested By/Contact:	Jane Doe	National Provider Identifier 
Requestor/Contact Email:	doe@comcast.com	
Phone #:	123-456-7890	
Work Status:	<input checked="" type="radio"/> Full Time <input type="radio"/> Part Time	
Date of Request:	03/01/2008 (mm/dd/yyyy)	
Arkansas Licensure:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Pending <input type="radio"/> N/A	
License #:		
NPI #:	xxxxxxxxxxx	
Visa Status:	N/A US Citizen	
Anticipated Start Date:	03/15/2008 (mm/dd/yyyy)	
Percentage of Time UAMS:	100	
Percentage of Time ACH:	0	
Privileges:	abc, def, ghi	
Section Number(s):	xxx, xxx, xxx	
Will professional liability (malpractice) be provided by the department through FGP?	<input checked="" type="radio"/> Yes <input type="radio"/> No if Yes, Account Number to be billed to: xxx	
Note:		
<input type="button" value="Save"/> <input type="button" value="Submit"/>		