



Wayne Surgical Center

1176 Hamberg Turnpike Wayne, New Jersey 07470

Tel: 973-709-1900 • Fax: 973-709-1901

APPLICATION FOR SURGICAL PRIVILEGES

Date: _____ / _____ / _____
Month Day Year

Name: _____

Home Address: _____

Home Telephone: _____

Sex: Male Female

SSAN#: _____

Date of Birth: _____ / _____ / _____
Month Day Year

Practice Address: _____

Practice Telephone Number: _____

Practice Fax Number: _____

Practice Federal Tax ID#: _____

Page Number: _____

Specialty: _____

Required credentials (attach copy of each item listed)

Application will not be considered without each item attached

1. Malpractice Insurance Certificate (must be current).
2. Letter of Good Standing (must be current and from local hospital).
3. Delineation of Privileges (must be current and from local hospital).
4. New Jersey State License
5. Federal DEA Certificate
6. NJ Controlled Drug Substances Registration
7. Medicare Provider Number _____
8. Medicaid Provider Number _____
9. UPIN Number _____

I certify, under penalties of perjury, that the information above is correct. The applicant also agrees that falsification of material information contained in this application and/or attachments shall constitute grounds for withdrawal of staff privileges if granted.

Signed by: _____

Print Name: _____

Date