



MICHIGAN MEDICINE

UNIVERSITY OF MICHIGAN

New Applicant Department Endorsement Form

To be completed by the Michigan Medicine Primary Clinical Department

Candidate Information	
Name:	Date of Birth:
Email:	Phone:
Proposed Start Date:	Date Offer Made to Candidate:
Hiring Department Information	
Primary Dept:	Secondary Dept:
Additional Depts:	
Supervising Physician:	
Office Address	
Building/Floor/Room:	
Address Line 2:	
City:	State:
Zip+4:	Phone:
Form Completed by:	
Name:	Date:

MEDICAL STAFF MEMBERSHIP APPROVALS

FOR MEDICAL STAFF SERVICES USE ONLY			
Committee	Date	Committee Decision	
Credentialing and Privileging Committee		<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Executive Committee on Clinical Affairs		<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Health System Board		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved