



**Northwest Community Healthcare Application Request Form**

Thank you for your interest in applying for privileges at Northwest Community Healthcare. Please indicate which NCH facility where you wish to apply:

- Northwest Community Hospital (Main Hospital)
- Northwest Community Day Surgery Center
- Northwest Endoscopy Center (Gastroenterology)
- Northwest Community Foot and Ankle Center (Pain Management, Podiatry and Orthopedic Surgery only)
- Northwest Community Health Partners (PHO)

Please provide the following information, upon receipt of the requested information you will receive your application via email within three business days. If you do not receive your application within three business days, please contact Medical Staff Services at (847)618-5660.

Practitioner Name:	
Practitioner Degree:	
Practitioner Primary Specialty:	
Practitioner Date of Birth:	
Practitioner IL License Number:	
Practitioner Email Address:	
Practitioner Phone Number:	
Office Name:	
Office Address	
Office Phone:	
Office Fax:	
Anticipated Start Date:	
Credentialing Contact Name:	
Credentialing Contact Phone:	
Credentialing Contact Fax:	
Credentialing Contact Email:	

**Please return your completed form to Medical Staff Services**

[medicalstaffservices@nch.org](mailto:medicalstaffservices@nch.org) or fax to (847)618-5669