

Request for Application Clinical Privileges, Medical Staff Membership and/or Network **Participation**

Please complete all of the following fields. Your name must appear on this form as it does on your state professional license (if applicable). Your email address must be your personal email address; we cannot accept the email address of anyone other than you as the prospective applicant. Please return this application request form to enterprise.credentialing@memorialhermann.org. Date: _

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☐ Surgery Center Pearland

Revised 03/25/2024