



Request for Medical/Dental or Allied Health Professional Staff Pre-Application

To the Medical Staff Office of: (If applying to more than one Atlantic Health hospital, please indicate primary site)

_____ Morristown Memorial, 100 Madison Avenue, Hospital Box 20, Morristown, NJ 07962-1956
Phone: 973-971-6601 or 973-971-5133 **Fax #973-290-7060**

_____ Overlook Hospital, 99 Beauvoir Avenue, Hospital Box 255, Summit, NJ 07902
Phone: 908-522-5331 or 908-522-5336 **Fax #908-522-4919**

Please send a pre- application to:

Print Physician / Allied Health Professional Name

Street Address

City, State, Zip

Phone

Email Address

Fax

Joining the practice of (if applicable): _____

Board Certified Specialty (or Eligible for): _____

Physician Signature: _____ Date: _____

Allied Health Professional Signature: _____ Date: _____

**NOTE: PLEASE ENCLOSE YOUR CURRICULUM VITAE WITH THIS FORM
Return by mail or fax.**