



# 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 Medical Center, 100 Madison Avenue, Hospital Box 20, Morristown, NJ 07962-1956  
Phone: 973-971-4360 **Fax #973-290-7153**

\_\_\_\_\_ Overlook Medical Center, 99 Beauvoir Avenue, Hospital Box 255, Summit, NJ 07902  
Phone: 908-522-5336 **Fax #908-522-4919**

\_\_\_\_\_ Newton Medical Center, 175 High Street, Newton, NJ 07860  
Phone: 973-579-8318 **Fax #908-522-4919**

\_\_\_\_\_ Chilton Medical Center, 97 West Parkway, Pompton plains, NJ 07444  
Phone: 973-831-5120 **Fax #973-831-5342**

**Please send a pre-application to:**

\_\_\_\_\_  Print Physician / Allied Health Professional Name  Date of Birth

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Phone  Email Address

\_\_\_\_\_ Fax

Joining the practice of (if applicable): \_\_\_\_\_

Board Certified Specialty (or Eligible for): \_\_\_\_\_

Covering Physician \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Only for - Allied Health Professional Signature:** \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN WITH A COPY OF YOUR CURRICULUM VITAE**

**Please note each facility has their own credentialing and privileging process. You will receive a separate approval notice from each facility that you have applied to.**