

**MEDICAL STAFF PRIVILEGES  
VERIFICATION OF GOOD STANDING**

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**Applicant Name:** \_\_\_\_\_

**UCI Department:** \_\_\_\_\_

**I have verified the applicant's good standing at the following Medical Staff office(s):**

Include **all** locations where applicant has medical privileges.

1. Hospital: \_\_\_\_\_

Date verified: \_\_\_\_\_

Verification letter from hospital or hospital website portal (attach letter); or

Person providing verbal verification (Include full name, job title, contact information):

\_\_\_\_\_

2. Hospital: \_\_\_\_\_

Date verified: \_\_\_\_\_

Verification letter from hospital or hospital website portal (attach letter); or

Person providing verbal verification (Include full name, job title, contact information):

\_\_\_\_\_

3. Hospital: \_\_\_\_\_

Date verified: \_\_\_\_\_

Verification letter from hospital or hospital website portal (attach letter); or

Person providing verbal verification (Include full name, job title, contact information):

\_\_\_\_\_

Attach additional pages, if necessary.

Will candidate apply to UCIMC for Medical Staff privileges?  Yes  No

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**Name of Academic Coordinator/Department Analyst**

**Date**

**\*\*Please submit for Volunteer Clinical Professor appointments only if not applying for UCI Medical Staff privileges\*\***