TDI | Texas Department of Insurance

LHL234e | 01/07

Texas Standardized Credentialing Application

Attachment E – Other Previous Hospital Affiliations

Previous hospital where you have had privileges		Affiliation dates (mm/yyyy to mm/yyyy)
Address		
City	State/Country	Postal code
Full unrestricted privileges? ☐ Yes ☐ No	Types of privileges (provisional, limited, conditional, etc.)	Were privileges temporary? ☐ Yes ☐ No
Reason for discontinuance		
Previous hospital where you have had privileges		Affiliation dates (mm/yyyy to mm/yyyy)
Address		
City	State/Country	Postal code
Full unrestricted privileges? ☐ Yes ☐ No	Types of privileges (provisional, limited, conditional, etc.)	Were privileges temporary? ☐ Yes ☐ No
Reason for discontinuance		
Previous hospital where you have had privileges		Affiliation dates (mm/yyyy to mm/yyyy)
Address		
City	State/Country	Postal code
Full unrestricted privileges? ☐ Yes ☐ No	Types of privileges (provisional, limited, conditional, etc.)	Were privileges temporary? ☐ Yes ☐ No
Reason for discontinuance		
Previous hospital where you have had privileges		Affiliation dates (mm/yyyy to mm/yyyy)
Address		
City	State/Country	Postal code
Full unrestricted privileges? ☐ Yes ☐ No	Types of privileges (provisional, limited, conditional, etc.)	Were privileges temporary? ☐ Yes ☐ No
Reason for discontinuance		
Previous hospital where you have had privileges		Affiliation dates (mm/yyyy to mm/yyyy)
Address		
City	State/Country	Postal code
Full unrestricted privileges? ☐ Yes ☐ No	Types of privileges (provisional, limited, conditional, etc.)	Were privileges temporary? ☐ Yes ☐ No
Reason for discontinuance		
Previous hospital where you have had privileges		Affiliation dates (mm/yyyy to mm/yyyy)
Address		
City	State/Country	Postal code
Full unrestricted privileges? ☐ Yes ☐ No	Types of privileges (provisional, limited, conditional, etc.)	Were privileges temporary? ☐ Yes ☐ No
Reason for discontinuance		