



# Request for MEDICAL STAFF APPOINTMENT PACKAGE

PERSONAL INFORMATION		
Last Name	First Name	Middle Name
Known As	<input type="checkbox"/> Male <input type="checkbox"/> Female	Anticipated Start Date
Has the Impact Analysis* been completed? <input type="checkbox"/> Yes (please attach) <input type="checkbox"/> No <input type="checkbox"/> In Progress (will be forwarded separately)		

*\*PAIS not required for Community and Locum Tenens Staff categories per section 3.2.2 of the AHS Medical Staff Rules*

CONTACT INFORMATION		
<b>PERSONAL/OFFICE CONTACT</b>	<b>PERSONAL/OFFICE CONTACT:</b> (for <u>Administrative</u> purposes and will not be disclosed to the public; if possible, include Clinic/Department plus full mailing address. Also use full telephone numbers including area code) <b>NOTE: If Secondary Contact information is blank, the Primary contact information will be used for administrative purposes</b> <input type="checkbox"/> Same as Home Information	
	Office Address Line 1	Office Phone
	Office Address Line 2	Office Fax
	Office Address Line 3	Office Pager
	Office Address Line 4	Office Mobile
	Office City	Office Province/State & Country
	Office Email Address	Office Postal Code

ANTICIPATED MEDICAL STAFF APPOINTMENT		
Appointment Category <input type="checkbox"/> Probationary <input type="checkbox"/> (Active) <input type="checkbox"/> Probationary <input type="checkbox"/> (Locum) Community Temporary < 120 days	Appointments Requested In The Following Zones <input type="checkbox"/> North <input type="checkbox"/> Edmonton <input type="checkbox"/> Central <input type="checkbox"/> Calgary <input type="checkbox"/> South <input type="checkbox"/> Provincial Department of Public Health	Appointment End Date (if applicable)  <i>If the Practitioner has a Current Appointment in another Zone please use the Change Request Form.</i>

PROCEDURE LISTS REQUIRED WITH APPLICATION PACKAGE (if applicable)
---

<input type="checkbox"/> ANESTHESIA <input type="checkbox"/> CARDIAC SCIENCES . . . <input type="checkbox"/> CARDIAC SURGERY <input type="checkbox"/> CARDIOLOGY <input type="checkbox"/> CLINICALNEUROSCIENCES . . . <input type="checkbox"/> NEUROLOGY <input type="checkbox"/> NEUROSURGERY <input type="checkbox"/> PHYSICAL MEDICINE & REHAB. <input type="checkbox"/> CRITICAL CARE MEDICINE <input type="checkbox"/> DIAGNOSTIC IMAGING <input type="checkbox"/> EMERGENCY MEDICINE <input type="checkbox"/> FAMILY MEDICINE	<input type="checkbox"/> INTERNAL MEDICINE <input type="checkbox"/> OBSTETRICS & GYNECOLOGY <input type="checkbox"/> ONCOLOGY <input type="checkbox"/> PATHOLOGY & LABORATORY MEDICINE <input type="checkbox"/> PEDIATRICS <input type="checkbox"/> PSYCHIATRY <input type="checkbox"/> RURAL MEDICINE <input type="checkbox"/> SURGERY... <input type="checkbox"/> DENTISTRY AND ORAL HEALTH <input type="checkbox"/> ADULT DENTISTRY <input type="checkbox"/> PEDIATRIC DENTISTRY <input type="checkbox"/> GENERAL SURGERY <input type="checkbox"/> OPHTHALMOLOGY	SURGERY (cont'd) . . . <input type="checkbox"/> ORAL & MAXILLOFACIAL SURGERY <input type="checkbox"/> ORTHOPEDICS <input type="checkbox"/> OTOLARYNGOLOGY <input type="checkbox"/> PEDIATRIC SURGERY <input type="checkbox"/> PODIATRY <input type="checkbox"/> PLASTIC SURGERY <input type="checkbox"/> SURGICAL ONCOLOGY <input type="checkbox"/> THORACIC SURGERY <input type="checkbox"/> TRANSPLANT SURGERY <input type="checkbox"/> UROLOGY <input type="checkbox"/> VASCULAR SURGERY
--	---	--

**Please complete the following if you are requesting an AHS Application Form for the Calgary Zone:**

AHS Form Version 12052011

**PLEASE SUBMIT THE FORM TO THE RELEVANT ZONE MEDICAL AFFAIRS OFFICE(S)**

**South Zone Medical Affairs Offices**  
 5<sup>th</sup> Floor, 10301 Southport Lane SW  
 Calgary, Alberta T2W 1S7

Chinook Regional Hospital 960 - 19 Street South Lethbridge, AB T1J 1W5 Fax: 403-388-6708 <a href="mailto:Medical.AffairsCRH@albertahealthservices.ca">Medical.AffairsCRH@albertahealthservices.ca</a>	Medicine Hat Regional Hospital 666 – 5 <sup>th</sup> Street 2985 Medicine Hat, AB T1A 4H6 Fax: 403-529-8998 <a href="mailto:Medical.AffairsMHRH@albertahealthservices.ca">Medical.AffairsMHRH@albertahealthservices.ca</a>
---	--

**Calgary Zone Medical Affairs Office**  
[CAL.MedicalStaffOffice@albertahealthservices.ca](mailto:CAL.MedicalStaffOffice@albertahealthservices.ca)

5<sup>th</sup> Floor, 10301 Southport Lane SW  
 Calgary, Alberta T2W 1S7

**Central Zone Medical Affairs Office**  
 43 Michener Bend  
 P.O. Bag 5030  
 Red Deer, Alberta T4N 6R2

Jennifer Liber Appointing & Privileging Specialist Phone: 403-309-2886 Fax: 403-309-2809 Email: <a href="mailto:jennifer.liber@albertahealthservices.ca">jennifer.liber@albertahealthservices.ca</a>	Tanya Burley Appointing & Privileging Specialist -Locum Support Phone: 403-357-5187 Fax: 403-309-2809 Email: <a href="mailto:tanya.burley@albertahealthservices.ca">tanya.burley@albertahealthservices.ca</a>
--	---

**Edmonton Zone Medical Affairs Office**  
[Edm.MedicalAffairs@ahs.ca](mailto:Edm.MedicalAffairs@ahs.ca)

5th Floor, Seventh Street Plaza,  
 North Tower, 10030 – 107 Street,  
 Edmonton, AB T5J 3E4

**North Zone Medical Affairs Offices**  
 Phone: 780-793-7263  
[NZ.Privileging@albertahealthservices.ca](mailto:NZ.Privileging@albertahealthservices.ca)

North Zone Medical Affairs Office 7 Hospital Street Fort McMurray, AB T9H 1P2 Fax: 780-788-1744	North Zone Medical Affairs Office 10409 – 98 Street Grande Prairie, AB T8V 2E8 Fax: 780-538-7277
--	---