



**Reappointment HOSPITAL ADDENDUM
Attachment J
TO THE TEXAS DEPARTMENT OF INSURANCE TEXAS STANDARDIZED
CREDENTIALING APPLICATION (TSCA)**

Last Name: _____ First Name: _____

Certification/Degree _____

(Attach recent wallet size photo)

I hereby request reappointment to the Allied Health Staff of the entity(s) indicated below with privileges as indicated on the Addendum to Delineation of Privileges.

Entity(s): check all that you are requesting:

Specialty:

Covenant Medical Center/Covenant Lakeside

Covenant Children's Hospital

Covenant SurgiCenter

Covenant Medical Group (*requires contract*)

Application Acknowledgment: I acknowledge that the information given in or attached to this application and addendum is complete, accurate, and fairly represents the current level of my training, experience, capability and competency to exercise the privileges requested. I understand and agree that as a condition to making this application, any misrepresentation or misstatement in, or omission from, this application, whether intentional or not, shall be grounds to deny or discontinue processing.

Signature of Applicant

Printed Name

Date