



**Reappointment HOSPITAL ADDENDUM**

**Attachment J**

**TO THE TEXAS DEPARTMENT OF INSURANCE TEXAS STANDARDIZED  
CREDENTIALING APPLICATION (TSCA)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_

(Attach recent wallet size photo)

***I hereby request reappointment as a Medical Staff Provider to the entity(s) indicated below with privileges as indicated on the Addendum to Delineation of Privileges***

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

- Covenant Medical Center/Covenant Lakeside
- Covenant Children’s Hospital
- Covenant SurgiCenter
- Covenant Medical Group (*Requires contract*)

**Category:** check one

- No change to my current category
- Change of category (*submit details as an attachment*)

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 / Title of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date