



Date: _____

Medical Staff Services
Covenant Health System
3615 19th Street
Lubbock, Texas 79410

Telephone (806) 725-0566
Fax: (806) 723-7146
Email: mss-application@covhs.org

I am requesting an application for membership to the Allied Health Staff with privileges as a/an _____. My sponsoring physician(s) will be: _____ and I request privileges at the same Covenant Health System entities as him/her/them.

I have met the eligibility requirements checked below.

- I am certified in my profession and have included a copy of my certificate.
- I hold a current license to practice my profession in the State of Texas/New Mexico and have included a copy with this request.

Please send the application packet to the following address:

Telephone: _____

Practitioner Signature

Printed Name

*Please fax form to Medical Staff Services, 806-723-7146, or email to mss-application@covhs.org.