



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 Medical Staff membership and/or privileges in the specialty of _____ at the following facility/facilities:

- Covenant Medical Center
- Covenant Children’s Hospital
- Covenant SurgiCenter

I have met the eligibility requirements checked below.

- I am certified by or have completed the training requirements for specialty board certification by a specialty board that is a member of the American Board of Medical Specialties or a board approved by the American Osteopathic Association, the American Dental Association, or the American Podiatric Association.
- I am a general dentist and have successfully completed a minimum of a one-year ADA approved (hospital-based) general practice residency.
- I am a podiatrist and have successfully completed a two-year surgical podiatric residency.
- I hold a current license to practice my profession in the State of Texas/New Mexico and have included a copy with this request.
- I have an application pending for professional licensure by the State of Texas/New Mexico.

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.