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Medical Staff Affairs Department
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 Main Fax Number: 732.545.7010
 Department Hours of Operation Monday to Friday 8:00am-4:30pm

INITIAL APPLICATION REQUEST FORM

Please complete this form in entirety and return with a current CV/Resume.	
Anticipated Start Date:	
Full Name:	
Title (MD, DO, DMD, DPM, PSYD, APN, CRNA, PA) etc.	
DOB:	
Social Security Number:	
NPI:	
Email:	
Mobile:	
Specialty/Privileges:	
Sponsoring/Covering Physician(s):	
If applicable, if applicable include Credentialing contact information below:	
Credentialing Contact Name:	
Credentialing Phone Number:	
Credentialing Email Address:	

A link to an online application process will be forwarding to your email address *within three (3) business days* of receipt of this completed form.

Thank you for your interest in Saint Peter’s University Hospital.

Revised Date 06/09/23
 Approved Date 06/21/23