

Canterbury Charity Hospital Trust
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**CANTERBURY
CHARITY HOSPITAL
TRUST**
"By the Community - For the Community"

Credentialing Application Form

To the Medical Officers Credentialing Committee: Canterbury Charity Hospital Trust

I wish to apply for the right to attend patients at the Canterbury Charity Hospital.

Please attach copies of your Curriculum Vitae and MCNZ annual practicing certificate.

Full name: _____ **DOB:** _____

Contact Details

Address: _____

Telephone _____

Home: _____ **Work:** _____

Mobile: _____ **Telepage no:** _____ **Fax:** _____

Email home: _____ **Work:** _____

Date of specialist Registration with NZ Medical Council: _____

Intended Scope of Practice as defined by DHB / SX/ St Gg's credentialing process:

MCNZ Registration Number: _____

Please provide the names of two medical referees.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Signed: _____ **Date:** _____

Canterbury Charity Hospital Trust (CCHT) conditions of Service

1. Everyone working as a volunteer for the CCHT is required to participate in a credentialing process and to accept all outcomes of such process. There is a procedure for appeal which when completed will provide the volunteer with a final decision that is binding on the volunteer
2. The CCHT reserves the right to terminate the involvement of any volunteer in the activities of the CCHT at any time without notice