



APPLICATION FOR RENEWAL OF PRIVILEGES

- Please note that your renewal is due 4-6 weeks prior to your Date of Birth in the following calendar year.
- Please TYPE responses, then print, sign, and obtain signatures and either FAX to 617-277-0383 or email to BWHNursingCredentialing@partners.org. Please note to fill out application in its entirety.

Name:		
Date of Birth:	Last 4 digits of SS#:	
Email Address:	Phone Number:	
Mailing Address:		
Affiliation (if not BWH):		
Clinical Area of Practice at BWH:		
Position (Check One):	<input type="checkbox"/> Clinical Instructor <input type="checkbox"/> RN Liaison <input type="checkbox"/> Offsite Telephonic Reviewer <input type="checkbox"/> Care Coordination / Discharge Planning <input type="checkbox"/> Other: _____	
RN License Number:	Expiration Date:	
Agency for Malpractice Insurance:		
Policy Number:	Expiration Date:	
Current TB Screening Date:		
<i>The TB screening date must be either a TB test date (within 12 months) or for individuals who have a history of a positive TB skin test, the date of an annual review of symptoms.</i>		
Influenza Vaccine Seasonal Date:		
Is your Tetanus Vaccine up to Date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BWHC/PHE Annual Compliance HealthStream courses complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BLS Expiration Date:	Copy of current BLS Card submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you are not currently BLS credentialed, you will need to <u>arrange for return demonstration of CPR and AED skills</u> prior to patient or patient record contact. Please email BWHNursingCredentialing@partners.org to schedule an appointment.</i>		
CPR/AED Return Demonstration Date:	BLS Instructor Signature:	
Attestation of Outside Employment (AOE) form (signed by school and applicant) submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
REQUIRED FOR BWH & NON BWH EMPLOYEES <u>Endorsement of organizational representative of requesting institution.</u> I verify the person seeking re-access is qualified, capable, and prepared to perform the services for which they are seeking to maintain.		
<hr/> Signature of Outside Agency Supervisor Title Date		
<hr/> Print Name Email Address Phone Number		
For BWH/Partners Employees ONLY. <u>Endorsement of BWH/Partners immediate supervisor.</u> I verify the person seeking re-access is qualified, capable, and prepared to perform the services for which they are seeking to maintain		
<hr/> Signature of BWH/Partners immediate Supervisor Title Date		
<hr/> Print Name Email Address Phone Number		