



## Letter of Intent Guidelines

This sheet is to be used as a guideline. Please do not return this sheet, as it is for your informational purposes only. The following information must be included in your Letter of Intent. Incomplete Letters of Intent will be returned for completion.

1. **Full Name, Degree, SSN, Gender, DOB, License #, City of Birth, Practicing Specialty** (*This information is a membership requirement*)
2. **Specialty** (*Are you requesting to be considered as a PCP, Specialist, or both? If Specialist, what is your specialty?*)
3. **Board Certification** (*Are you board certified in the specialty for which you applying? If not, what is the date you are scheduled to take the boards?*)
4. **Solo or Group Practice** (*If in group practice, who are the other physicians in your group? Does your group practice under the same Tax ID Number?*)
5. **Other Group Affiliations** (*Do you belong to other IPAs or Medical Groups?*)
6. **Hospital Admitting Privileges** (*Where do you hold privileges? Hospital and ASC Privileges*)
7. **Curriculum Vitae** (*Please include a current CV*)