



# BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

New Mexico Regulation and Licensing Department  
**BOARDS AND COMMISSIONS DIVISION**  
Toney Anaya Building ▪ 2550 Cerrillos Road ▪ Santa Fe, New Mexico 87505  
(505) 476-4950 ▪ Fax (505) 476-4545 ▪ [www.RLD.state.nm.us/osteopathy](http://www.RLD.state.nm.us/osteopathy)

## HOSPITAL AFFILIATION FORM

In applying for license to practice osteopathic medicine, the New Mexico Board of Osteopathic Medical Examiners requires this form to be completed by the Chief of Staff or Administrator in each hospital or clinic where I have held privileges, consultation or teaching appointments during the past five years (including internship and/or residency) preceding my application. This form is your authority to release and report any information in your files of record, favorable or otherwise, directly to the above address.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Title (D.O. or P.A.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

1. What Privileges were extended to the applicant? \_\_\_\_\_

\_\_\_\_\_ For how long? \_\_\_\_\_

2. Were staff privileges ever removed or restricted? \_\_\_\_\_ (If yes, please explain)

\_\_\_\_\_

3. Derogatory Information, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Hospital Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Chief of Staff/Administrator

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Seal)

**DO NOT SUBMIT THIS FORM WITHOUT A HOSPITAL OR NOTARY SEAL**

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