



**STATE OF NEW MEXICO**  
Regulation and Licensing Department  
Boards and Commissions  
**BOARD OF OSTEOPATHIC MEDICAL EXAMINERS**  
2550 Cerrillos Road, Santa Fe, New Mexico 87505  
P.O. Box 25101, Santa Fe, New Mexico 87504

### **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.

\_\_\_\_\_  
Print Name \_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Title (DO or PA)

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 (Print Name)

Seal

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

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