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| **Figure 3.11** | **Practitioner Photo ID Verification Form** |
| Medical staff services requires all applicants to satisfy either option A or B below to ensure that the individual requesting privileges is the same individual identified in the application and associated credentialing documents.  **Applicant:**  **Option A:**  Valid picture identification issued by a state or federal agency and verified in person by a member of medical staff services.  Please indicate which form of identification you are attaching to this document:  Driver’s license  United States passport  Other government-issued ID (specify):  **For Medical Staff Services Use Only**    Signature of Verifying Individual Date | |
| **Option B:**  This original form may be notarized and returned. The notarized form must be accompanied by a copy of the identification presented to the notary.    Notary Signature Date    Notary Name Printed or Typed Notary Expiration Date  Notary Stamp: | |