



Jamestown Strategic Planning and Partnerships Commission
HEALTH CARE ACTION TEAM
PHYSICIAN RECRUITMENT FUNDING REQUEST

POSITION FILLED (SPECIALTY) _____

ENTITY REQUESTING _____

ADDRESS _____

PHONE _____

EMAIL _____

PHYSICIAN NAME _____

PHYSICIAN ADDRESS/PLACE OF PRACTICE _____

DATE CONTRACT SIGNED _____

DATE PRACTICE INITIATED _____

HOSPITAL CREDENTIALING CONFIRMATION _____
(Name)

HOSPITAL CREDENTIALING COMPLETION DATE _____

Submit to: hcat14701@gmail.com

Or Mail To:

Dr. Lillian V. Ney
Jamestown Renaissance Corporation
119-121 West 3rd Street
Jamestown, New York 14701