

Example of Roster Format							
Name of Facility							
Address of Facility							
Facility Phone Number							
Date of Roster							
Physician Last Name in alpha order	Physician full First Name (middle name or initial)	Medical Lic # or Social Security #	Staff Status	Specialty	Original Appoint Date	*Privileges denied, revoked, suspended or limited?	**Good Standing
Smith	John		Consulting	Pediatrics	4/25/1989	No	Yes
Signature of person doing the Roster at bottom of last page of roster or on a cover letter.							
* Can be used as statement located in a cover letter or at the end of a roster page				Roster can be faxed to CCVS at (501) 296-1806.			
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<b>Send a full Roster each quarter and any changes during the months in between.</b>							