



## UCSF Office of Medical Affairs & Governance Initial/Reappointment Application Signature Form

**Provider Name** (*Type or print*): \_\_\_\_\_

**Provider California State license no.** (*Type or print*)\*: \_\_\_\_\_  
*\*Optional, if known/available*

For your convenience, the credentialing application process at UCSF is electronic and paperless. The Office of Medical Affairs and Governance will upload a copy your signature so you can electronically sign all the required pages of the application with your actual signature.

By signing below, you acknowledge your signature will be used electronically for the medical staff online application for initial appointment and reappointment. The signature will be securely stored and only available for credentialing purposes only.

**Sign within the box below in BLACK PEN OR MARKER.**

The completed form may either be returned by:

- uploading into UC Me as part of the provider's preapplication, or
- faxing to 415-885-7445.

If you have questions about this requirement you may contact the Office of Medical Affairs and Governance at (415) 885-7268.