



OHP Quality Oversight Form

(To be submitted with Credentialing Application Request form)

Applicant Information

Name					
Last:	First:	Middle:	Degree/License:		
Employer	<input type="checkbox"/> UNM HR	<input type="checkbox"/> UNMH	<input type="checkbox"/> UNM SOM	<input type="checkbox"/> UNMMG	<input type="checkbox"/> PSA (List):
Job Description Title:					

Supervisor Information

Supervisor responsible for monitoring and documenting Performance and Quality Oversight function					
Name (First Middle Last, Degree):					
Title:					
Telephone:		Fax:		Email:	