

CUMG Member Notification

Please complete this form for all new CUMG providers, **including billable non-ACGME Fellows**, who will practice only at Seattle Children's¹ or for any UWP or CUMG provider who has a change in status and will begin practicing at Seattle Children's.

New Provider

Provider Change

ACADEMIC DEPARTMENT CONTACT INFORMATION

Submitter's Full Email Address:	Submitter Name:	Submitter Phone Number:
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APPLICANT INFORMATION

Last Name:		First Name:		Middle Name:
Title:	Birth Date:	Gender:		Social Security Number:
Email Address:				Phone number:
Address:				
Degree:		FTE %:	Active Military:	
Academic Department:			Division:	
Is Provider currently an ACGME or non-ACGME fellow at Seattle Children's?				Start Date:

FACULTY APPOINTMENT

Faculty Appointment Status:	Faculty Title:	Faculty Title Effective Date:
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PRACTICE PLAN

CUMG UWP CUMG changing to UWP UWP changing to CUMG

Practice Plan Start Date:	Practice Plan Membership Type:
Medical Benefits Source:	Source of Pay:

FACILITIES AFFILIATION

SCH Status:	Harborview Status:	SCCA Status:	UWMC Status:
Other Hospital:		Primary Clinic Location:	

Send the completed form to:
CUMGFacultyOnboarding@seattlechildrens.org

For questions call:
206-987-8432

¹ Use the RMA form for CUMG Providers and billable non-ACGME Fellows who will practice at both Children's and a UW Medicine site.