



**BURNSIDE  
HOSPITAL**

## **DECLARATION**

**As part of our credentialing process we do require a signed copy of this declaration which will form part of your e-credentialing form and application for clinical privileges at the Burnside Hospital.**

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**I hereby declare that:**

- 1) The information and statements provided in this e-credentialing application form for clinical privileges at the Burnside Hospital are true and correct.**
- 2) I am not aware of any other information which may be relevant to the Burnside Hospital in assessing this application for accreditation.**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_