

HOSPITAL AND AMBULATORY SURGERY CENTER AFFILIATIONS: List all hospitals and ambulatory surgery centers (begin with most recent) where you have had an affiliation over the last five years or where you had an application in process. Designate a primary hospital at which you practice. Provide additional pages if necessary. See www.AuroraHealthCare.org/MedicalStaff for additional page(s) if necessary.
Do not include formal training program information in this area.

Name

Name	Primary Hospital?	Start Date	Finish Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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