

CHANGE IN STAFF STATUS FORM

FIRST NAME, LAST NAME, TITLE	
DEPARTMENT	
SECTION	
CURRENT STAFF STATUS	<input type="checkbox"/> Active <input type="checkbox"/> Affiliate <input type="checkbox"/> Consultant <input type="checkbox"/> Emeritus <input type="checkbox"/> Telemedicine
CHANGE IN STAFF STATUS TO	<input type="checkbox"/> Active <input type="checkbox"/> Affiliate <input type="checkbox"/> Consultant <input type="checkbox"/> Emeritus <input type="checkbox"/> Telemedicine
<p>ACTIVE-Practitioners who hold privileges to admit and attend patients and to perform clinical procedures</p> <p>AFFILIATE-Practitioners who have membership in the medical staff but do not admit or attend patients or perform clinical procedures in the hospital, no clinical privileges.</p> <p>CONSULTANT-Practitioners whose experience and/or special skills are of value to the hospital and medical staff. Consultant members do not admit or attend patients but assist in patient care and may write orders and document in patient charts. Consultants do not pay medical staff dues.</p> <p>EMERITUS-Practitioners retired from active practice, who have membership in the medical staff but do not admit or attend patients or perform clinical procedures in the hospital. Emeritus members do not pay medical staff dues, no clinical privileges.</p> <p>TELEMEDICINE-Practitioners who are granted specific privileges to provide services via a telemedicine link from a remote primary office location for the specific purpose of providing diagnosis and treatment of patients. They shall not be eligible to admit patients, vote or hold office. They are not required to attend meetings or participate in an on-call schedule.</p>	

Reason for Request (print): _____

Effective Date of Change: _____

Signature: _____

Date: _____

TO BE COMPLETED BY DEPARTMENT CHAIR

Approved

Not Approved based on: _____

Department Chair (print): _____

Signature: _____

Date: _____