SAINT PETER'S HEALTHCARE SYSTEM
254 Easton Avenue
New Brunswick, NJ 08901
732-745-8600 • www.saintpetershcs.com

Medical Staff Affairs Department
Main Telephone Number 732-745-8600 ext. 8577
Main Fax Number 732-545-7010
Department Hours of Operation Monday to Friday 8:00am-4:30pm

RESIGNATION FORM

I hereby request a voluntary resignation and relinquishment of clinical privileges from Saint Peter's University Hospital as listed below. I understand that for this request to be approved, I must be in good standing, or if this action is requested during an investigation regarding improper conduct or incompetence, a report will be submitted to the state professional licensing board for reporting to the National Practitioner Databank, as required by state and federal law. Further, I understand that I am required to complete any incomplete medical records and that I may not provide any patient care or otherwise exercise any clinical privileges upon submission and approval of this request.

FIRST NAME, LAST NAME, TITLE	
DEPARTMENT	
SECTION	
PRIMARY EMAIL ADDRESS	
HOME ADDRESS	
EFFECTIVE DATE	
REASON	☐ Practice change ☐ Relocation ☐ Retirement ☐ Other
ALLIED HEALTH PROFFESIONAL(S) you have signed a collaborative agreement with.	1. 2. 3.
PHYSICAN ASSISTANT(S) you have signed a supervision form for.	1. 2. 3.
PHYSICIAN(S) you have signed a physician coverage form for.	1. 2. 3.
Please provide a separate listing if additional space is required above.	

Effective Date of Change: _____

Signature: _____ Date: _____

TO BE COMPLETED BY DEPARTMENT CHAIR

Department Chair (print): _____

Signature: _____ Date: _____

Revised Date 05/24/23
Approved Date 05/25/23