



## Request for Status Change

**Directions:**  *Staff member please complete Section A and forward to Department Chair.*  
 *Department Chair please complete Section B and forward to Medical Staff Office.*

**A. To be completed by STAFF MEMBER - Eligibility requirements must be met as per Section 4.10 of the Medical & Dental Staff Bylaws.**

<b>Name:</b>		<b>Department:</b>
<b>Signature Staff Member:</b>	<b>Date:</b>	<b>Section:</b>
<p><b>CURRENT STATUS</b></p> <p><input type="checkbox"/> <b>Active</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> ..Provisional Attending</p> <p style="margin-left: 20px;"><input type="checkbox"/> ..Assistant Attending</p> <p style="margin-left: 20px;"><input type="checkbox"/> ..Associate Attending</p> <p style="margin-left: 20px;"><input type="checkbox"/> ..Full Attending</p> <p style="margin-left: 20px;"><input type="checkbox"/> ..Senior Attending</p> <p><input type="checkbox"/> <b>Regional</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> ..Provisional</p> <p><input type="checkbox"/> <b>Consulting</b></p> <p><input type="checkbox"/> <b>Affiliate</b></p> <p><input type="checkbox"/> <b>Emeritus</b></p>	<p><b>REQUESTED STATUS</b></p> <p><input type="checkbox"/> <b>Active</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> Provisional Attending      <i>Effective</i> ___/___/___</p> <p style="margin-left: 20px;"><input type="checkbox"/> Assistant Attending      <i>Effective</i> ___/___/___</p> <p style="margin-left: 20px;"><input type="checkbox"/> Associate Attending      <i>Effective</i> ___/___/___</p> <p style="margin-left: 20px;"><input type="checkbox"/> Full Attending      <i>Effective</i> ___/___/___</p> <p style="margin-left: 20px;"><input type="checkbox"/> Senior Attending      <i>Effective</i> ___/___/___</p> <p><input type="checkbox"/> <b>Regional</b>      <i>Effective</i> ___/___/___</p> <p style="margin-left: 20px;"><input type="checkbox"/> Remove from Provisional      <i>Effective</i> ___/___/___</p> <p><input type="checkbox"/> <b>Consulting</b>      <i>Effective</i> ___/___/___</p> <p><input type="checkbox"/> <b>Affiliate</b>      <i>Effective</i> ___/___/___</p> <p><input type="checkbox"/> <b>Emeritus</b>      <i>Effective</i> ___/___/___</p>	

**B. To be completed by DEPARTMENT CHAIR**

**The Staff Member making this request has met the following criteria for advancement specified in Section 4.10 (c) of the Medical/Dental Staff Bylaws:**

Yes\_\_ No\_\_ Proper attendance at General Staff meetings;

Yes\_\_ No\_\_ Proper attendance at Department meetings;

Yes\_\_ No\_\_ Proper attendance at Committee meetings;

Yes\_\_ No\_\_ Appropriate completion of medical records: not on the “Delinquent Medical Record” list (as defined by the Division’s Rules and Regulations) more than twice in a calendar year; during the two years prior to the proposed change in rank;

Yes\_\_ No\_\_ Fulfillment of required continuing medical education credits;

Yes\_\_ No\_\_ Compliance with Departmental Rules and Regulations.

**REQUEST FOR STATUS CHANGE:**       **Recommend**       **Not Recommend**

**Comments or Additional Recommendations:**

<b>Signature Department Chair:</b>	<b>Date:</b>
------------------------------------	--------------