# 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.

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<tr>
<th>Name:</th>
<th>Department:</th>
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<tr>
<td>Signature Staff Member:</td>
<td>Date:</td>
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### CURRENT STATUS

- [ ] Active
  - [ ] Provisional Attending
  - [ ] Assistant Attending
  - [ ] Associate Attending
  - [ ] Full Attending
  - [ ] Senior Attending
- [ ] Regional
  - [ ] Provisional
  - [ ] Remove from Provisional
- [ ] Consulting
- [ ] Affiliate
- [ ] Emeritus

### REQUESTED STATUS

- [ ] Active
  - [ ] Provisional Attending Effective __/__/__
  - [ ] Assistant Attending Effective __/__/__
  - [ ] Associate Attending Effective __/__/__
  - [ ] Full Attending Effective __/__/__
  - [ ] Senior Attending Effective __/__/__
- [ ] Regional Effective __/__/__
- [ ] Consulting Effective __/__/__
- [ ] Affiliate Effective __/__/__
- [ ] Emeritus Effective __/__/__

## 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:**

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<tr>
<th>Signature Department Chair:</th>
<th>Date:</th>
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