



Medical Staff Request to Change Staff Status Form

Name _____ Specialty _____

Group _____ Department _____

I would like to request a staff status change as indicated below:

Facility	Requested Staff Status
Presbyterian Hospital Main Presbyterian Hospital Orthopedic	<input type="checkbox"/> Active <input type="checkbox"/> Consulting <input type="checkbox"/> Courtesy <input type="checkbox"/> Affiliate <input type="checkbox"/> No staff affiliation
Presbyterian Hospital Matthews	<input type="checkbox"/> Active <input type="checkbox"/> Consulting <input type="checkbox"/> Courtesy <input type="checkbox"/> Affiliate <input type="checkbox"/> No staff affiliation
Presbyterian Hospital Huntersville	<input type="checkbox"/> Active <input type="checkbox"/> Consulting <input type="checkbox"/> Courtesy <input type="checkbox"/> Affiliate <input type="checkbox"/> No staff affiliation

Note: If you are joining a group, please check with group prior to selecting your staff status to ensure that the appropriate selection is made.

All ACTIVE staff members are required to take UNASSIGNED EMERGENCY CALL. Departments and divisions may also require that courtesy members take call as well. Call decisions are made by the department chairmen and are department specific.

** If you are requesting Active staff at both PH Huntersville and at PH Main, you are allowed the option of choosing the facility where you have the majority of your encounters. (Note: This only applies for PH Main & PH Huntersville) Please indicate below your selection for unassigned call coverage. You may elect to take unassigned call at both campuses. The campus unassigned call selection will be monitored on a quarterly basis in order to ensure that the unassigned call status is appropriate based on the ratio of encounters at each campus.*

I choose to provide call coverage at: _____ PH Huntersville only _____ PH Main only
_____ Both at PH Main and PH Huntersville

If requesting active staff at PH Main and at PH Matthews, you will have call responsibility at both facilities.

Any questions regarding call assignments may be directed to the Medical Staff Office. It is vital that we receive this information so that we may include you in the nearest call rotation following temporary privileges being granted.

Signature _____ Date: _____

Fax form to (704) 316-9463 or mail to Lisa Bowers at the following address:
Medical Staff Services • 200 Hawthorne Lane • Post Office Box 33549 • Charlotte, NC 28233-3549