

Affinity Health System
Request for Change in Status/Privileges

NAME OF APPLICANT: _____

STAFF CATEGORY CHANGE:

I would like to request a change from _____ staff to _____ staff. I am aware of the medical staff responsibilities and restrictions relevant to the category I am requesting. If changing to Courtesy or Consulting staff, I understand I will be required to maintain Active category privileges at another hospital. I will be maintaining this category at the following hospital(s): _____

SPECIALTY CHANGE:

I would like to request a change in specialty from _____ to _____ and the accompanying change in privileges. I am aware of the medical staff responsibilities relevant to the change I am requesting.

CHANGE IN SPONSORING PHYSICIAN:

I have transferred employment/been assigned to a different supervising physician effective _____:
I have attached a new statement of Medical Staff Sponsorship.

RELINQUISHMENT OF PRIVILEGE(S):

I would like to relinquish the following privilege(s) effective _____

RESIGNATION (approval not required):

I would like resign my membership and privileges effective _____.

APPLICANT'S SIGNATURE:

Signature

Date

Print Name

**Please return to: Angella Gelhar
Medical Staff Services
2700 W 9th Ave Ste 209
Oshkosh WI 54904
Tel: (920) 223-2065
Fax: (920) 223-2070**