

REQUEST FORM FOR REINSTATEMENT FROM LEAVE OF ABSENCE

Name _____ **Specialty** _____
(print full name)

I hereby request a reinstatement from an approved leave of absence for the timeframe as specified:

Effective Date(s) of Leave: From _____ To _____
 Reason for leave of absence was: Personal Medical Educational Other
 (please provide details) _____

A summary of professional activities undertaken during the leave of absence is as follows:

The leave was taken for medical reasons and I have attached a report from my attending physician indicating that I am physically and/or mentally capable of resuming a hospital practice. I further understand that I may be required to provide additional information as may be requested by the Credentials Committee, Medical Board and/or the Board of Trustees regarding my health status.

I have provided required information below for reinstatement including:

- certificate of current professional liability insurance coverage in the minimum amounts of \$1m/3m
- updated delineation of privileges (complete new DOP form OR ___ No changes to previously held privileges)
- current practice information as listed below:

- Staff level requested at Presbyterian Hospital/POH: Active Courtesy Consulting Affiliate
- Staff level requested at Presbyterian Hospital Matthews: Active Courtesy Consulting Affiliate
- Staff level requested at Presbyterian Hospital Huntersville: Active Courtesy Consulting Affiliate
- Group Name _____ **OR** No Change

Address _____
Street Address City Zip Code

Phone/Fax _____
Office Fax Private Line Beeper

Office Manager Phone _____ Office Manager Email: _____

· If you are a solo practitioner, you must provide us with the name of a back-up physician: _____
(Note: You must also submit a letter of agreement from the back-up physician) ___ Not applicable

· Cell phone _____ - this number ___ may or ___ may not be released to nursing or others

· Beeper _____ - this number ___ may or ___ may not be released to nursing or others

· Email address _____
 Email ___ may or ___ may not be released to others

· Home address/phone information: Home Telephone _____ private – do not release

Home Street Address City Zip Code

SIGNATURE: _____ **DATE:** _____