



## 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
Ambulatory Surgery Centers	<input type="checkbox"/> Ballantyne Ambulatory Surgery Center <input type="checkbox"/> SouthPark Ambulatory Surgery Center (requires affiliation at Presbyterian Hospital Charlotte) <input type="checkbox"/> No ASC 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.

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