Request to Change Staff Status

NAME OF PHYSICIAN: ___________________________________________________________

DEPARTMENT / SPECIALTY: _____________________________________________________

PRIMARY FACILITY: _________________________________________________________

CURRENT STAFF STATUS:

☐ Active  ☐Courtesy  ☐ Consulting  ☐ On-Call Coverage (New Braunfels Only)  ☐ Affiliate

CHANGE TO

☐ Active  ☐Courtesy  ☐ Consulting  ☐ On-Call Coverage (New Braunfels Only)  ☐ Affiliate

ACTIVE - Practitioners who hold admitting privileges and have significant use of the Hospital, as well as all hospital-based Practitioners.

COURTESY - Practitioners, who hold admitting privileges, but use the Hospital on a limited basis. (Limited to a maximum of twelve (12) patient contacts/encounters during a twelve month period)

CONSULTING - Practitioners whose experience and/or special skills are of value to the Medical Staff and the Hospital. Consulting Medical Staff members shall not have admitting privileges.

ON-CALL COVERAGE – New Braunfels ONLY - Practitioners who provide on-call coverage for designated members of the Active and Courtesy Medical Staff and admit patients under the name of such Active and Courtesy Medical Staff members when necessary.

AFFILIATE - Practitioners who do not admit or provide professional services for patients in the Hospital. (NO CLINICAL PRIVILEGES)

REASON FOR REQUEST: ________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Physician Signature ____________________________  Date _______________________

PRINTED NAME __________________________________________