

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): _____

APPLICANT'S SIGNATURE:

Name _____ **Date**

RECOMMENDATION:

____ Request approved.

____ Request approved with the following conditions, exceptions or limitations:

____ Request denied. Reasons for denial:

Department Chair Signature _____ **Date**

Credentials Committee
Approval Date

MEC
Approval Date

Board of Directors
Approval Date