

**Medical Staff Office
Change of Status Form – For Allied Health* Only**

Practitioner's Name _____ Date _____

PLEASE COMPLETE ONLY WHAT IS APPLICABLE:

1) Change of Employer

You will need to provide malpractice for your new employer and contact the Medical Staff Office if you need a new delineation of privilege form at (860-972-2585)

Relocating to different employer and need to maintain privileges at Hartford Hospital

Date of change: _____ Department: _____ Specialty: _____

Name of Practice: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

2) Change of Department(s) HH Employed

If currently employed by Hartford Hospital and transferring to another Department

Request a Change in Delineation form and Collaboration/Delegation Agreement

Date of transfer: _____ Department: _____ Specialty: _____

3) Dual Departments (HH Employed, Private Practice or both)

Currently employed by Hartford Hospital, staying in current department and joining another department
Request a Change in Delineation form and Collaboration/Delegation Agreement

Date of Department add: _____ Department: _____ Specialty: _____

4) Resignation of Appointment and Privileges at Hartford Hospital

Resignation Date of Resignation _____

Termination Date of Termination _____

Retirement Date of Retirement _____

PRACTITIONERS SIGNATURE: _____ (if applicable) Date _____

Form Completed by: _____

TO BE COMPLETED BY DEPARTMENT CHIEF ONLY

Department Chief's Recommendation for Practitioner

Approve Request for Change of Employer, Change of Department(s), Dual Departments, Resignation/Termination

Department Chief Signature: _____ Date _____

ALLIED HEALTH PRACTITIONERS ("AHPs") means individuals other than members of the Medical Staff who are authorized by law and by the Hospital to provide patient care services.