

**Medical Staff Office**  
**Change of Status Form – For Medical Staff\* and Locum Tenens**

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Practitioner's Name \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE ONLY WHAT IS APPLICABLE**

**1) Change of Status**

**From Current Status**

Active  Active Community Affiliate  Courtesy  Locum Tenens

**To Requested Status**

Active  Active Community Affiliate  Courtesy

Reason for change in status \_\_\_\_\_

**2) 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**

Name of Group: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Specialty: \_\_\_\_\_ Department: \_\_\_\_\_

**3) Resignation of Appointment and Privileges at Hartford Hospital**

Resignation      Date of Resignation \_\_\_\_\_

Termination      Date of Termination \_\_\_\_\_

Retired      Date \_\_\_\_\_

Records are located at: \_\_\_\_\_

\_\_\_\_\_

**PRACTITIONER'S SIGNATURE:** \_\_\_\_\_ (if applicable) **Date** \_\_\_\_\_

**Form Completed by:** \_\_\_\_\_

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**TO BE COMPLETED BY DEPARTMENT CHIEF ONLY**

**Department Chief's Recommendation for Practitioner**

Approve      Request for Change in Staff Status Category, Change of Employer, Resignation

Emeritus      (Must be a member in good standing of the Medical Staff at the time they are retired from active practice, or at the time they cease to regularly admit, attend, treat or consult at the hospital)

**Department Chief Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

\*MEDICAL STAFF" means all physicians, dentists, oral surgeons, podiatrists, psychologists, and other professionals at the doctorate level in the field of pathology who have been appointed to the Medical Staff by the Board.