

**Kettering Medical Center System (KMCS)**  
(Kettering Medical Center/Sycamore Medical Center/Troy Hospital)  
**Request for Change of Medical Staff Appointment Category**

**Note:**

**This form is for use by Practitioners who are currently appointed to the KMCS Medical Staff and who are requesting a transfer from one KMCS Medical Staff category to another KMCS Medical Staff category.**

Applicant Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Current KMCS Clinical Department: \_\_\_\_\_

Current KMCS Section: \_\_\_\_\_

**Current KMCS Medical Staff Appointment Category:**

- Active Medical Staff
- Emeritus Active Medical Staff
- Courtesy
- Associate
  - Membership Only - Professional
  - Membership Only - Honorary
  - Membership Only - Retired

**Requested KMCS Medical Staff Appointment Category:**

- Active Medical Staff
- Emeritus Active Medical Staff
- Courtesy
- Associate
  - Membership Only - Professional
  - Membership Only - Honorary
  - Membership Only - Retired

**Attestation:**

I hereby attest that I am appointed to the KMCS Medical Staff category indicated above. I am requesting transfer from my existing KMCS Medical Staff category to the new KMCS Medical Staff category requested above. I further attest that I am eligible for and satisfy the applicable qualifications set forth in the KMCS Medical Staff Bylaws for the Medical Staff category that I am requesting to be appointed to.

Signature of Practitioner: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit to:  
Medical Staff Services – Kettering Medical Center  
3535 Southern Blvd.  
Kettering, Ohio 45429  
Phone: 937-395-8324  
Fax: 937-395-8357