

SOIN/GREENE UNIFIED MEDICAL STAFF
Request for Change of Medical Staff Appointment Category

Note:

This form is for use by Practitioners who are currently appointed to Soin/Greene Unified Medical Staff and who are requesting a transfer from one Soin/Greene Unified Medical Staff category to another Soin/Greene Unified Medical Staff category.

Applicant Name: _____ Date Requested: _____

Current Soin/Greene Unified Medical Staff Clinical Department: _____

Current Soin/Greene Unified Medical Staff Section: _____

Current Soin/Greene Unified Medical Staff Appointment Category:

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

Requested Soin/Greene Unified 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 Soin/Greene Unified Medical Staff category indicated above. I am requesting transfer from my existing Soin/Greene Unified Medical Staff category to the new Soin/Greene Unified Medical Staff category requested above. I further attest that I am eligible for and satisfy the applicable qualifications set forth in the Soin/Greene Unified 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 – Soin Medical Center
3535 Pentagon Blvd.
Beavercreek, Ohio 45431
Phone: 937-702-4033
Fax: 937-702-4035