ORUSH PROVIDER/FACULTY DEPARTURE NOTICE

Department Administrators: Use this form only for providers credentialed by the MSO. Complete this form 30 days prior to departure date and email form to provider_departure@rush.edu

	Date Submitted:					
Provider Name:						
Current Address/Location:						
Department/Specialty:						
Provider Type (select all that apply):	□ RUMG Employed	□ ROPH Employed	□ RCMC Employed	□ Private/Contracted		
Reason for Leaving:						
If moving to a new practice, please provide the following information:						
Group Name						
Address						
Phone	Phone/Fax					
Email						
On staff at the following hospital(s):						

STEP 1: Check one (1) and provide further information, if asked:					
	1.	Physician: Resign from the following <i>(select all that apply)</i> : 🗌 RUMC & Faculty 🛛 ROPH 🛛 RCMC			
	2.	Physician: Resign from the following and request Emeritus Status (select all that apply): 🗌 RUMC & Faculty 🔲 ROPH 🔲 RCMC			
	3.	Physician: Resign employment, but maintain my Medical Staff membership, privileges, and faculty status* at RUMC *Please provide the name of an active physician who will cover you when providing services at RUMC: *Email a copy of the certificate of malpractice insurance coverage in effect from the date your current practice status changes. Email: <u>MSOCredentialing@rush.edu</u> .			
	4.	Physician: Resign Medical Staff membership & privileges from RUMC but maintain my Faculty appointment Please note: Per the Rush University Rules for Governance, faculty members may only hold <u>one (1)</u> active faculty appointment in an Academic Institution. *If the faculty appointment will be maintained (applicable primarily to senior faculty appointments) or there is a status change, a letter from the Chairperson is required. The letter should state the term of appointment and that the faculty member has approval with defined expectations by the Chairperson. If a joint appointment will be maintained as well, include all joint appointment expectations.			
	5.	APP (non-faculty): Resign from the following <i>(select all that apply)</i> : CRUMC CROPH CRCMC			
	6.	APP (faculty): Resign from the following (select all that apply) : RUMC & Faculty ROPH RCMC (Note: a letter of resignation from faculty appointment is required)			
		STEP 2: MUST be completed for Rush Health Membership, Check one (1)			
	RU	SH HEALTH: Request to <u>KEEP</u> my Rush Health membership Active			
	I will MAINTAIN hospital affiliation with: 🗆 RUMC 🛛 ROPH 🔅 RCMC				
	<u>ML</u>	IST submit change of practice information to RH_ProviderUpdates@rush-health.com_AND ProviderRelations@rush-health.com			
	RUSH HEALTH: Request to DEACTIVATE my Rush Health Membership on (Departure Date)				
	I am RESIGNING my hospital affiliation with: RUMC ROPH RCMC				
	Rush Health practice(s) name that I am leaving is/are:				
	(for multiple practices list all on an additional page)				
	Rea	assign patients to (Required for PCPs):			
		 Practice Name:			
		 Specialty: 			
		Address:			
I will comply with all requirements to close out my Epic encounters, in-basket responsibilities, and HIM deficiencies prior to my departure. (<i>initial here</i>)					

Provider Name (please print)	Provider Signature
Chairperson Name (please print)	Chairperson Signature
Joint Chairperson Name (if applicable)	Joint Chairperson Signature