



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 of Departure: _____ 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 (select all that apply): [] 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
4. Physician: Resign Medical Staff membership & privileges from RUMC but maintain my Faculty appointment
5. APP (non-faculty): Resign from the following (select all that apply): [] RUMC [] ROPH [] RCMC
6. APP (faculty): Resign from the following (select all that apply): [] RUMC & Faculty [] ROPH [] RCMC

STEP 2: MUST be completed for Rush Health Membership, Check one (1)

- RUSH HEALTH: Request to KEEP my Rush Health membership Active
RUSH HEALTH: Request to DEACTIVATE my Rush Health Membership on _____ (Departure Date)

I will comply with all requirements to close out my Epic encounters, in-basket responsibilities, and HIM deficiencies prior to my departure. (initial here) _____

Provider Name (please print) _____ Provider Signature _____

Chairperson Name (please print) _____ Chairperson Signature _____

Joint Chairperson Name (if applicable) _____ Joint Chairperson Signature _____