

Department Administrators: *Use this form only for providers credentialed by the MSO.* Complete this form **within 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: RUMG Employed: RUMC PRIVATE

Reason For Leaving: Resigning Retiring Changing Careers Other _____

Moving to a new practice located at _____

Phone _____ Phone/Fax _____

Email _____

On staff at the following hospital(s): _____

I wish to:

- Physician: Resign from both the Rush University Medical Center Medical Staff and Faculty**
- Physician: Maintain my privileges and remain on the Medical Staff and Faculty* at Rush University Medical Center**
 - *Please provide the Medical Staff Office with a copy of certificate of malpractice insurance coverage in effect from the date your current practice status changes.*
- APP: I wish to resign from RUMC**
- APP: I am an APP with faculty appointment and wish to resign from both the Rush University Medical Center Medical Staff and Faculty (Note: the letter of resignation from faculty appointment is required).**
- Resign from the Rush University Medical Center Medical Staff but maintain my Faculty appointment**
Please note: Per the Rush University Rules for Governance, faculty members may only hold one 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.*

If applicable, the faculty member has approval to maintain a faculty appointment of _____ for a term of _____.

- RUSH HEALTH: Maintain my relationship with Rush Health.** *You must contact Rush Health to update your practice information by calling a Rush Health Provider Services Consultant at (312) 942-4061 or emailing ProviderRelations@rush-health.com*
- Resign from Rush Health, effective:** (Insert date) _____

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

Provider Name (please print) _____ Provider Signature _____

Chairperson Name (please print) _____ Chairperson Signature _____

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