PROVIDER/FACULTY DEPARTURE NOTICE

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 (select all that apply): ☐ RUMG Employed ☐ ROPH Employed ☐ RUMC ☐ PRIVATE/CONTRACTED

Reason for Leaving: ☐ Resigning ☐ Retiring ☐ Leaving Health Care

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): _____

I wish to:

	STEP 1: Check one (1) and provide further information, if asked:
☐	**1. Physician:** Resign from the following ***(select all that apply)***: ☐ RUMC & Faculty ☐ ROPH
☐	**2. Physician:** Resign from the following **and request Emeritus Status** ***(select all that apply)***: ☐ RUMC & Faculty ☐ ROPH
☐	**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: MSOCredentialing@rush.edu.*
☐	**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 one (1) 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:** Resign from the following ***(select all that apply)***: ☐ RUMC ☐ ROPH
☐	**6. APP:** Resign from the following ***(select all that apply)***: ☐ RUMC & Faculty ☐ ROPH ***(select all that apply)*** *(Note: a letter of resignation from faculty appointment is required)*
	STEP 2: Check one (1) and provide further information, if asked:
☐	**RUSH HEALTH: Resign from Rush Health, effective:** *(Insert date)* _____ **You must select this option and provide an effective date if you have selected option 1, 2, 4, 5, or 6 above.*
☐	**RUSH HEALTH: Maintain my membership with Rush Health.** ******Applicable only if you have selected option 3 above. 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*

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 _____

Revised: 3/24/2021