

## CHANGE OF MEDICAL STAFF CATEGORY

Name:	College ID #:	MSP Billing #:
Primary Phone:	Email:	

CURRENT APPOINTMENT			
Site:	Medical Staff Category:		
Department	Division / Program		
CATEGORY CHANGE REQUESTED			
<i>The initial Appointment of all applicants applying to the Medical Staff membership will be to the Provisional category, unless specifically exempted from that requirement by the Board. This is also true if changing from the Temporary or Locum Tenens Category. Please refer to Article 6 of the Medical Staff Bylaws regarding terms of your appropriate staff category and eligibility for promotion from Provisional.</i>			
Provisional Scientific & Research	Active Locum Tenens	Consulting Temporary	Associate Clinical Associate
REQUESTED DATE FOR CATEGORY CHANGE (effective with Board Approval)			
Start Date:	End Date (if applicable):		
_____	_____		
Member Signature	Date		

APPROVAL			
Please provide a brief explanation in support of the request.			
Local NP Department Head	_____	_____	_____
	Agency	Leader Name	Signature
			Date
PHSA NP Department Head	_____	_____	_____
	Department	Leader Name	Signature
			Date
Division Head / Program Director	_____	_____	_____
	Division	Leader Name	Signature
			Date
Department Head / Medical Director	_____	_____	_____
	Department	Leader Name	Signature
			Date
Senior Medical Administrator	_____	_____	_____
	Agency	Leader Name	Signature
			Date

**Return completed form to: Fax: (604) 297-9902 or [Credentialing@phsa.ca](mailto:Credentialing@phsa.ca)**