



REQUEST FORM FOR REINSTATEMENT FROM LEAVE OF ABSENCE

Name _____ Specialty _____
(print full name)

I hereby request a reinstatement from an approved leave of absence for the timeframe as specified:

Effective Date(s) of Leave: From _____ To _____

Reason for leave of absence was: Personal Medical Educational Other
(please provide details) _____

A summary of professional activities undertaken during the leave of absence is as follows:

The leave was taken for medical reasons and I have attached a report from my attending physician indicating that I am physically and/or mentally capable of resuming a hospital practice. I further understand that I may be required to provide additional information as may be requested by the Credentials Committee, Medical Board and/or the Board of Trustees regarding my health status.

I have provided required information below for reinstatement including:

- certificate of current professional liability insurance coverage in the minimum amounts of \$1m/3m
- updated delineation of privileges (complete new DOP form OR ___ No changes to previously held privileges)
- current practice information as listed below:

· Staff level requested at Thomasville Medical Center: Active Associate Consulting Affiliate
· Group Name _____ OR No Change

Address _____
Street Address City Zip Code

Phone/Fax _____
Office Fax Private Line Beeper

Office Manager Phone _____ Office Manager Email: _____

· If you are a solo practitioner, you must provide us with the name of a back-up physician: _____
(Note: You must also submit a letter of agreement from the back-up physician) ___ Not applicable

· Cell phone _____ - this number ___ may or ___ may not be released to nursing or others

· Beeper _____ - this number ___ may or ___ may not be released to nursing or others

· Email address _____
Email ___ may or ___ may not be released to others

· Home address/phone information: Home Telephone _____ private – do not release

Home Street Address City Zip Code

SIGNATURE: _____ **DATE:** _____

Fax form to (336) 474-3484 or mail to Medical Staff Services at the following address:
Medical Staff Services • 207 Old Lexington Road • Thomasville, NC 27360