



Medical Staff Request to Change Staff Status Form

Name _____ Specialty _____

Group _____ Department _____

I would like to request a staff status change as indicated below:

Facility	Requested Staff Status
Thomasville Medical Center	<input type="checkbox"/> Active <input type="checkbox"/> Consulting <input type="checkbox"/> Associate <input type="checkbox"/> Affiliate <input type="checkbox"/> No staff affiliation

Note: If you are joining a group, please check with group prior to selecting your staff status to ensure that the appropriate selection is made.

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