

MUNSON HEALTHCARE MEDICAL STAFF RESIGNATION FORM

Submit form to local Medical Staff Office:

East Region (Charlevoix, Grayling, Otsego) – Angela Gee agee02@mhc.net

South Region (Cadillac, Manistee, Paul Oliver) – Heather Lucas hucas@mhc.net

Medical Center/Grand Traverse Region – Katryna Glettler kglettler@mhc.net

Kalkaska Memorial Health Center - Teresa Smith tsmith9@mhc.net

NAME _____

This will confirm that I am resigning my medical staff affiliation and practice with

- | | |
|--|--|
| <input type="checkbox"/> Cadillac Hospital | <input type="checkbox"/> Munson Medical Center |
| <input type="checkbox"/> Charlevoix Hospital | <input type="checkbox"/> Otsego Memorial Hospital |
| <input type="checkbox"/> Grayling Hospital | <input type="checkbox"/> POMH |
| <input type="checkbox"/> KMHC | <input type="checkbox"/> Copper Ridge Surgery Center |
| <input type="checkbox"/> Manistee Hospital | |

This resignation is **CONFIDENTIAL** Yes No. **If YES**, until (date) _____

My resignation is because (please check all that apply)

- I am retiring/no longer practicing medicine
- I am still practicing but no longer require/wish hospital affiliation(s)
- I am changing my primary location to another Munson Healthcare facility (indicate new location/practice _____)
- I am leaving the area
- I am requesting Honorary Staff Category. *Qualifications: On staff in good standing for more than 10 years. This category carries no clinical privileges, application requirements, or dues, but I may continue to attend medical staff meetings and attend educational programs.*

My last date of practice will be _____

I understand that I must have all outstanding medical records completed by my last day.

My patients will be reassigned to _____,

OR

for medical records contact _____

My personal contact information is below should I need to be reached. *The Medical Staff will not share this with anyone without my permission.*

Address _____

Phone _____

Personal email _____

Signature _____

Date _____