



Medical Staff Office
Change of Membership Category Form for Medical Staff

Provider's Name: _____

Change of Membership Category

From Current Status

☐Active ☐Administrative ☐Consulting ☐Courtesy

To Requested Status

☐Active ☐Administrative ☐Consulting ☐Courtesy ☐Honorary

Reason for change in status: _____

Signature: _____

Date: _____

Printed or Typed Name and Title: _____

(Provider, Office Manager, Practice Manager, or Other Applicable Individual)