

Medical Staff Member Courtesy Selection Form

Return this form to the Credentialing Office by Fax: (914) 457.9518.
or by email to Wendy Gilligan, Provider Information: wgilliga@montefiore.org

The following confirms my request to change to Courtesy Medical Staff status effective on _____.

**I understand as a member of the Montefiore Courtesy Medical Staff I do not have any admitting or other clinical privileges. As a Courtesy Staff member, I am required to be reappointed and to maintain all of the medical staff licenses and certifications.*

Physician Name (Print)	Signature	Date
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Chairman Name	Signature	Date
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For Primary Care Physicians ONLY:

Since as a Courtesy Staff member you will not have admitting privileges at Montefiore, please provide the name and contact information of a Montefiore credentialed MD who will be admitting your patients in the future:

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Please list all hospital affiliations where clinical privileges are currently held:
