Medical Staff Office
PO Box 250343
169 Ashley Avenue
Charleston, SC 29425
Office 843 / 792-3932 FAX: 843 / 792-4824

Request for Change in Medical/Allied Health Staff Appointment and/or Clinical Privileges /Protocol

NAME:_____ _____
[Print Name] **[Signature of Applicant]**

DEPARTMENT:_____ **DIVISION:** _____

1. Fax this form to University Risk Management for Insurance Review @ 792-6607
2. Forward this form and supporting documentation to the Medical Staff Office

DESCRIPTION OF REQUEST:
For **addition** of privileges, documentation of training/competency must be submitted with this request. For **change in protocol**, hard copy and electronic copy, along with supervising physician signature, must be included, in addition to documentation of training/competency.

Recommended for Approval By:

_____ _____ **Date**_____
[Division Director/Section Chief] **Please print name**
(If applicable)

_____ _____ **Date** _____
[Department Chair] **Please print name**

_____ _____ **Date** _____
[Chair, Credentials Committee] **Please print name**

_____ _____ **Date** _____
[Chair, Medical Executive Committee] **Please print name**

Approved By:_____ **Date** _____
[Secretary, Board of Trustees]