

Modified Active Staff Planning Form for

Credentialed Professional Staff Members

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** | | | | **First Name:** | | | |
| **Primary Department:** | | | | **Primary Division:** | | | |
| **Date Form Completed:** | | | | **Position # (Medical Affairs use only)** | | | |
| **Academic Role Category:** | | | | | | | |
| **Secretary Name:** | | | | | | | |
|  | | | | | | | |
| **Role Components** | **Current ARC (%)** | | **Current Days / Week** | | **Proposed ARC (%)** | | **Proposed Days / Week** |
| **Clinical Service** |  | |  | |  | |  |
| **Teaching** |  | |  | |  | |  |
| **Research** |  | |  | |  | |  |
| **Administration** |  | |  | |  | |  |
| **Health Care Leadership/Role Model/General Contributions** |  | |  | |  | |  |
|  |  | |  | |  | |  |
| TOTAL |  | |  | |  | |  |
|  | | | | | | | |
| **Physical Resources** | | **Current Resources** | | | | **Proposed Resources** | |
| Physician Office  (hospital site & room #) | |  | | | |  | |
| Secretary Office  (hospital site & room #) | |  | | | |  | |
| OR Location / Time | |  | | | |  | |
| Clinic Location | |  | | | |  | |
| Clinic Hours/Week | |  | | | |  | |
| Dry Lab | |  | | | |  | |
| Wet Lab | |  | | | |  | |
| Clinical Trials | |  | | | |  | |
| Clinical Research Space | |  | | | |  | |
| Other: (i.e. Nurse Practitioner) | |  | | | |  | |

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| --- |
| **Proposed Agreed Upon Clinical Workload:** |
|  |
| Proposed Agreed Upon Teaching / Education Workload: |
|  |
| **Proposed Agreed Upon Research (Clinical and / or Basic) Workload:** |
|  |

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| --- |
| **Proposed Agreed Upon Administration/Leadership Workload:** |
|  |
| **Proposed Agreed Upon Secretarial Staffing Support:** |
| **Additional Agreements / Discussions:** |
|  |
| **Projected Full Retirement Date:** |
| Please provide your projected date for full retirement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Signatures:**

Professional Staff Medical Leader/Division Chair/Chief Department Chair/Chief

Please submit this form to:

Medical Affairs

Professional Staff Planning and Credentialing Specialist – Gloria Castelo

[Medical.affairs@londonhospitals.ca](mailto:Medical.affairs@londonhospitals.ca)