

Dr. **<candidate's name>**‘s copy

Western Schulich School of Medicine & Dentistry’s copy

Department of **<enter department>**’s copy

Medical Affairs’ copy

**THIS LETTER IS ONLY TO BE ISSUED TO CONFIRM A CHANGE IN PRIVILEGES OR ARC CATEGORY TO AN EXISTING CREDENTIALED CLINICAL ACADEMIC**

**<Date>**

**<Candidates Home Address>**

Dear Dr**. <Candidates First and Last Name>**

**Re: Letter of Understanding**

This letter is to confirm the change to your <explain the change> effective <enter date> in the department of **<enter department>**, with the Schulich School of Medicine & Dentistry (Schulich Medicine & Dentistry) at Western University, and the London Health Sciences Centre (LHSC) and the St. Joseph’s Health Care London (St. Joseph’s).

Upon acceptance of this letter, we will make this recommendation to the City-Wide Credentials Committee of the London Health Sciences Centre (LHSC) and the St. Joseph’s Health Care London (St. Joseph’s) who will subsequently recommend your change to the Joint Medical Advisory Committee with final approval by the Board of Directors of LHSC and St. Joseph’s.

##### ADD A SECTION OUTLINING THE CHANGE WITH NEW RESPONSIBILITES AND CLINICAL SERVICE

##### IF APPLICABLE

**Examples of changes:**

* **Change in Academic Role Category**
* **Clinical service focus from x area to y area**
* **Division change**
* **Hospital site change**

**CLOSING**

We have enclosed **<enter the amount of copies enclosed>** copies of this letter. Kindly sign all copies and retain a copy for your files, and return all other copies to Dr.’s office in the enclosed envelope. We would ask that you forward the signed copies to us within 45 days from the receipt of this letter.

Chair/Chief, Department of <name> Dr. William J. Sischek MD, FRCPC, CCPE

Department of ----------------- Integrated Vice President, Medical &

Hospital name ---------------- Academic Affairs

If City-Wide then use both hospital names London Health Sciences Centre (LHSC)

If Chair and Chief are not the same person, both St. Josephs’ Health Care London

Must sign – create a new signing line for other signatory

Clinical VP (primary portfolio)

Hospital(s) name ----------------

CC: Medical Affairs

Accepted this <day> day of <Month> <Year>.

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<Insert name of Professional Staff member>