

## Modified Active Staff Planning Form for Credentialed Professional Staff Members

<b>Surname:</b>	<b>First Name:</b>
<b>Primary Department:</b>	<b>Primary Division:</b>
<b>Date Form Completed:</b>	<b>Position #</b> (Medical Affairs use only)
<b>Academic Role Category:</b>	
<b>Secretary Name:</b>	

Role Components	Current ARC (%)	Current Days / Week	Proposed ARC (%)	Proposed Days / Week
Clinical Service				
Teaching				
Research				
Administration				
Health Care Leadership/Role Model/General Contributions				
<b>TOTAL</b>				

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)		

<b>Proposed Agreed Upon Clinical Workload:</b>
<b>Proposed Agreed Upon Teaching / Education Workload:</b>
<b>Proposed Agreed Upon Research (Clinical and / or Basic) Workload:</b>

<b>Proposed Agreed Upon Administration/Leadership Workload:</b>
<b>Proposed Agreed Upon Secretarial Staffing Support:</b>
<b>Additional Agreements / Discussions:</b>
<b>Projected Full Retirement Date:</b>
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 – Stacey Taylor  
[Medical.affairs@londonhospitals.ca](mailto:Medical.affairs@londonhospitals.ca)