

Modified Active Staff Planning Form for

Credentialed Professional Staff Members

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| **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

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