

Request to Assign or Change Clinical Assignment

This request form must be approved prior to hiring or changing existing clinical assignments for FMPP, Inc. services.

This form is fillable. To complete the form, type in the lined spaces provided.

CLINICIAN NAME _____ HIRING/CHANGE DEPARTMENT _____

SPECIALTY _____ TOTAL COM FTE _____ CLINICAL FTE _____

CLINICIAN EMAIL _____ CLINICIAN PHONE _____

ACTIVE FL MEDICAL LICENSE NUMBER _____ ACTIVE FL DEA License _____

CLINICAL SRV AGREEMENT _____ CSA START DATE: _____ CSA END DATE: _____

REQUESTED CLINICAL START|CHANGE DATE: START DATE: _____ END DATE: _____

NOTES ABOUT ASSIGNMENT|CHANGE

Any documentation or conversations with the Dean about this change must be attached.

CLINICIAN AVAILABILITY / REQUESTED CLINICAL SESSIONS (MINIMUM 4 HOUR SESSION)

Clinical Location	Session	Mon	Tues	Wed	Thurs	Fri	Comments
FSU SeniorHealth™	8-12 AM						
	1-5 PM						
FSU PrimaryHealth™	8-12 AM						
	1-5 PM						
FSU BehavioralHealth™ @ Apalachee Center	8-12 AM						
	1-5 PM						
Other location: (list below)	8-12 AM						
	1-5 PM						

REQUESTOR/ADMIN: _____ DATE SUBMITTED: _____

CHAIR APPROVAL: _____ DATE: _____

This request has been: Acknowledged Further Review Required

DIRECTOR OF CLINICAL OPERATIONS: _____ DATE: _____

CHIEF MEDICAL OFFICER: _____ DATE: _____

F&A: _____ DATE: _____

CC: COMPLETED FORM:

FMPP HR REP MARIA.CICCIARELLI@MED.FSU.EDU

FMPP CREDENTIALING

JULIE.HUBBARD@MED.FSU.EDU

ADMIN SERVICES ADMINISTRATIVE.SERVICES@MED.FSU.EDU