

Personal information that you provide on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and is governed by the Health Information Act of Alberta. The information is collected and used for the purposes of identifying and regulating medical staff at Alberta Health Services and for managing the health system (s. 27). The information will only be disclosed to other agencies or for other purposes with the applicant's consent or to a health professional body for the purposes of investigation, discipline, practice review, or inspection of the medical staff member or in accordance with other legislation (s. 37).

PRACTITIONER INFORMATION

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
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Instructions

Please refer to section 4.16 "Absence from Clinical Practice in Sites of Clinical Activity" of the *AHS Medical Staff Rules*. Also note that some Zones or Clinical Departments may have additional rules or guidelines regarding absences (i.e. may require approval of the relevant Section Chief(s), etc).

- Complete all sections and submit this form to each applicable Zone Clinical Department. Requests will be reviewed by each Zone separately.
- Absences greater than 30 consecutive days must be approved by all applicable Zone Clinical Department Heads and the Zone Medical Director.

APPOINTMENT SUMMARY *(submit to each Zone Clinical Department)*

| Appointment Category <input type="checkbox"/> Active <input type="checkbox"/> Community <input type="checkbox"/> Probationary (active) <input type="checkbox"/> Probationary (locum tenens) <input type="checkbox"/> Locum Tenens <input type="checkbox"/> Temporary | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Zone</th> <th>Department and Section(s)</th> </tr> </thead> <tbody> <tr> <td></td> <td><u>PRIMARY:</u></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | Zone | Department and Section(s) | | <u>PRIMARY:</u> | | | | | | | | | | | | | | | | |
|---|---|------|---------------------------|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Zone | Department and Section(s) | | | | | | | | | | | | | | | | | | | | |
| | <u>PRIMARY:</u> | | | | | | | | | | | | | | | | | | | | |
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| Appointment End Date <i>(if applicable)</i> | | | | | | | | | | | | | | | | | | | | | |

ABSENCE DETAILS

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|--|--|---|
| Start Date <i>(of this request)</i> | Original Start Date <i>(if extending a leave)</i> | End Date |
| Reason for Leave | Patient Coverage <input type="checkbox"/> On Call Schedule/Roster <i>(leaves less than or up to 96 hours, unless otherwise permitted)</i> <input type="checkbox"/> Personal On Call Group <input type="checkbox"/> Transfer Responsibility to: _____ _____ | Is there a requirement to maintain access to Patient Information Systems during this Leave? Reason(s): _____ _____ |
| Is there a requirement to provide direct or indirect patient care during this Leave? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If YES, appropriate licensure and malpractice coverage must be kept current.</i> | | |

REQUESTOR *(if not the Practitioner)*

| | | |
|----------------|------------------------------|------------------------|
| Requestor Name | Requestor Title - Department | Requestor Phone Number |
|----------------|------------------------------|------------------------|

APPROVAL *(for leaves >30 days)*

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|------------------------------|--------------|------|--|
| ZCDH Signature | Printed Name | Date | <input type="checkbox"/> Accept <input type="checkbox"/> Deny |
| | Department | | |
| Zone Medical Director | Printed Name | Date | <input type="checkbox"/> Accept <input type="checkbox"/> Deny |
| | Comments | | |

PLEASE SUBMIT THE COMPLETED FORM TO THE RELEVANT ZONE CLINICAL DEPARTMENT(S) FOR REVIEW
Absences greater than 30 days require formal approval by the Zone Medical Director(s)

North Zone Medical Staff Office

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| <p>FORT MCMURRAY 7 Hospital Street Fort McMurray, AB T9H 1P2 Fax: 780-788-1744</p> | <p>GRANDE PRARIE 10409 – 98 Street Grande Prairie, AB T8V 2E8 Fax: 780-538-7277</p> |
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Edmonton Zone Medical Staff Office

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| <p>Medical Affairs, Edmonton Zone 5th Floor Seventh Street Plaza 10030 – 107 Street Edmonton, AB T5J 3E4 Fax: 780-735-3494 Toll-Free Fax: 1-855-776-3812</p> | | |
| <p>Kellie Machell Physician Resource Assistant Tel: 780 735-0758 Kellie.Machell@albertahealthservices.ca</p> <p>Family Medicine Medicine Oncology Cardiac Sciences</p> | <p>Carla Power Privileging Assistant Tel: 780 735-0979 Carla.Power@albertahealthservices.ca</p> <p>Adult Critical Care Anesthesia Cardiac Sciences Clinical Neurosciences Surgery Women's Health</p> | <p>Patti Lawrence Privileging Assistant Tel: 780 735-0759 Toll Free Fax: 1-855-776-3810 Patti.Lawrence@albertahealthservices.ca</p> <p>Addiction & Mental Health Child Health Corrections Health Diagnostic Imaging Emergency Medicine Laboratory Medicine & Pathology</p> |

Central Zone Medical Staff Office

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| <p>Medical Affairs, Central Zone 43 Michener Bend P.O. Bag 5030 Red Deer, Alberta T4N 6R2</p> <p>Fax: 403-309-2809</p> | <p>Jennifer Liber Appointing & Privileging Specialist Phone: 403-309-2886 Fax: 403-309-2809 Email: jennifer.liber@albertahealthservices.ca</p> <p>Tanya Burley Appointing & Privileging Specialist -Locum Support Phone: 403-357-5187 Fax: 403-309-2809 Email: tanya.burley@albertahealthservices.ca</p> |
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Calgary Zone Medical Staff Office

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| <p>Medical Affairs, Calgary Zone 5th Floor, 10301 Southport Lane SW Calgary, AB T2W 1S7</p> | <p>CAL.MedicalStaffOffice@ahs.ca Fax: 403-476-8792</p> |
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South Zone Medical Staff Office

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| <p>LETHBRIDGE Chinook Regional Hospital 960 – 19 Street South Lethbridge, AB T1J 1W5 Phone: 403-388-6135/403-388-6552 Fax: 403-388-6708 Medical.AffairsCRH@ahs.ca</p> | <p>MEDICINE HAT Medicine Hat Regional Hospital 666 – 5th Street Medicine Hat, AB T1A 4H6 Phone: 403-529-8024/403-528-8124 Fax: 403-529-8998 Medical.AffairsMHRH@ahs.ca</p> |
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Please Note: Requests may need to be submitted separately to each office as well as Covenant Health (Linette.Morton-Banks@covenanthealth.ca) and the Faculty of Medicine (University of Alberta or University of Calgary).