CMO
MONTEFIORE CARE MANAGEMENT

Montefiore
THE UNIVERSITY HOSPITAL FOR
ALBERT EINSTEIN COLLEGE OF MEDICINE

VOLUNTARY RESIGNATION NOTIFICATION

If you are resigning from the Montefiore Medical Staff, Allied Health Staff and/or the Montefiore IPA(s) prior to or upon the expiration of your current appointment, please complete this form and return to: CMO, Provider Information, fax # 914-709-0386 or email: wgilliga@montefiore.org

Name: _____**Department:** _____

I am voluntarily resigning from the following:

- ☐ Montefiore Medical Center
- ☐ Montefiore New Rochelle (incl. Schaffer)
- ☐ Montefiore Mount Vernon
- ☐ Montefiore IPA (healthplan participation)
- ☐ Montefiore Behavioral Care IPA (MBCIPA)
- ☐ Hudson Valley IPA (HVIPA)

Effective date of the resignation is _____, last day of clinical work_____.
Access to all clinical systems will be terminated at 12:00am on the resignation date unless another date is given.

Resignation Reason:

☐ New Position Local (NYC/Westchester) moving to _____
☐ Relocating out of area: Moving to _____
☐ Joining another IPA _____
☐ Do not currently treat or admit patients to any facility in the Montefiore Health System
☐ If none of the reasons above apply, please provide details of your voluntary resignation:

_____

_____

_____

_____

Please provide a forwarding address and phone number:

_____

_____

_____

_____
Provider Printed Name

_____
Department Chair/Administrator

_____
Provider Signature

_____
Date

CMO Montefiore Care Management
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Yonkers, New York 10701
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