



Montefiore Medical Center  
The University Hospital  
at the Albert Einstein  
College of Medicine

CMO, Montefiore Care Management  
200 Corporate Drive  
Yonkers, New York 10701  
914-377-4690

### **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](mailto:wgilliga@montefiore.org)**

**Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**I am voluntarily resigning from the following:**

- ☐ Montefiore Medical Center (Medical/Allied)
- ☐ Montefiore IPA (healthplan participation)
- ☐ Montefiore Behavioral Care IPA (MBCIPA)
- ☐ Montefiore North Amb. Care (MNACC)

**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 Montefiore Medical Center
- ☐ If none of the reasons above apply, please provide details of your voluntary resignation:

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**Please provide a forwarding address and phone number:**

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\_\_\_\_\_  
**Provider Printed Name**

\_\_\_\_\_  
**Department Chair/Administrator**

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date**