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| **Figure 3.15** | **‘Forevermore’ Document** |
| *This is also called an “evergreen” statement, because it stays with a facility after a practitioner has resigned from the organization. This document is sent to other hospitals or organizations when they seek*  *information about a former practitioner, and would include a final clinical evaluation or verification, as well as the practitioner’s dates of affiliation, department, and specialty.*  [Date]  [Name of individual seeking information] [Hospital name]  Address]  [City, State, ZIP]  Re: [Practitioner Name]  To Whom It May Concern:  Attached is a “Forevermore Document” completed at the time the practitioner identified above left the [Hospi- tal name] medical staff. This document was completed by the [Medical Staff Department Chair] and [Medical Staff Coordinator] at the time the practitioner left the medical staff at [Hospital name].  If you have any questions, please call the [Hospital name] Medical Staff Services Department at [phone number here].  Sincerely,  [Name of medical staff services department member] [Title]  [Hospital name] | |

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| **Figure 3.15** | **‘Forevermore’ Document (cont.)** |
| Practitioner name:  Specialty: Department/Service line: Dates of affiliation with [Hospital]: From to  Final clinical evaluation or verification:  Completed by:    Medical Staff Department/Service Line Chair Date    Medical Staff Coordinator Date  [Hospital name] | |