Notification of Intent to Retire Planning Form for Credentialed Professional Staff Members

Credentialed Professional Staff may be asked to complete the Notification of Intent to Retire Planning Form at the discretion of the Division/Department Chair/Chief. This process is a component of the Career Development and Planning (CDP) process. Once you have been asked to complete this form, you may be asked to resubmit a new form every 2 years thereafter.

Please complete Part A of the Notification of Intent to Retire Planning Form and submit it to your Division/Department Chair/Chief. A meeting will be scheduled to discuss your future retirement plans and to complete Part B of the form. If you have identified a retirement date, this will assist the department in initiating an HR recruitment plan to ensure that you, your office staff, your patients and department experiences a smooth and orderly transition as you move from active clinical practice to retirement.

If you are unsure of a retirement date, you can discuss a more long-term plan with your Division/Department Chair/Chief to ensure that your long-term plans are integrated into the department's 5-year human resource planning needs.

Today's Date:	**Position #:**
First Name:	**Surname:**
Primary Department:	**Division:**
Cross Appointment Department:	**Cross Appointment Division:**
Secretary Name:	
PART A – To be completed by the Professional Staff member prior to the meeting with the Division/Department Chair/Chief.	
Please highlight your current clinical workload:	
Please highlight your current research workload:	
Please highlight your current administrative workload:	
Please highlight your current teaching workload:	
Other ie., Mentoring:	

PART B – To be completed jointly by the Professional Staff member and the Division/Department Chair/Chief during the meeting.

☐ **No retirement date identified.**

- The Professional Staff member will provide notice to the Division/Department Chair/Chief as soon as a potential retirement date is identified in order to accommodate the department's 5-year human resource planning needs.

☐ **Partial Retirement Date identified on** ___________________________________

- A partial retirement is considered a reduced scope of practice. This includes no on-call, no operating room activity; or no teaching. This change in activity will trigger a review of credentials with a possible change in category to Modified-Active.
- If the department requires the position to be replaced in order to continue to meet the goals and deliverables of the department, a Position Request Form must be submitted to Medical Affairs for review and approval to begin the recruitment process of a transitional replacement. Please note that AFP funding is per position and not per person.
- A Partial Retirement Date and subsequent change to a Modified-Active category may impact secretarial staffing in your office. You may be required to provide up to 5 months' notice to your secretary. Please indicate below your plans in regards to secretarial staffing.

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☐ **Full Retirement Date Identified on** _____________________________________

- If the department requires the position to be replaced upon the firm retirement date, please submit a Position Request Form to Medical Affairs for review and approval to begin the recruitment process in accordance with the identified retirement date.

Summary of goals and transitional plans for continuing clinical, research, administrative and teaching workload. If plans are reduced (no on-call, no operating room activity, or no teaching) in any area, please describe below.

Signatures:

____________________________	_______________________	______________________
Professional Staff Member	Division Chair/Chief	Department Chair/Chief

Please submit this form to:
Medical Affairs
Professional Staff Planning and Credentialing Specialist – Stacey Taylor
Medical.affairs@londonhospitals.ca