Texas Tech University System Medical Liability Self-Insurance Plan Form

Today's date:_____

ACTION REQUESTED (Check One) ☐ **Enrollment** ☐ **Change** ☐ **Resignation**

Last Name	First Name	Middle Initial	Social Security Number *(Required for enrollments only)*

☐ **Male** ☐ **Female**

☐ **M.D.** ☐ **D.O.** ☐ **D.D.S**

This section applies to enrollments only. Not needed for resignations or changes

R#_____ *(if available)*

TX Med. License # _____

Physician-in-Training # _____

FOP required for enrollments and changes only. Department required for enrollments, changes & resignations

Fund	Organization	Program	Department	Sub-Specialty

Required for enrollments, changes and resignations

LOCATION: ☐ **Amarillo** ☐ **El Paso** ☐ **Lubbock** ☐ **Odessa** ☐ **Prison/Health Care Systems**

ENROLLMENT

☐ Faculty *(attach ePaf & copy of license)*
☐ Resident
☐ Fellow

Job Effective Date: _____

(***must match Job Effective Date on ePaf)***

Risk Class: _____

CHANGE

(Only use to change an existing physician's FOP, risk class, department or campus)

☐ Faculty
☐ Resident
☐ Fellow

Date change is effective: _____

New Risk Class _____

New Dept. _____

☐ Check if New FOP

RESIGNATION

☐ Faculty *(attach ePaf)*
☐ Resident
☐ Fellow

Job End Date: _____

(must match Job End Date on ePaf)

Required for enrollments, changes and resignations:

Signature of Preparer: _____ Date of signature _____

Required only for FACULTY enrollments:

Signature of Dept. Admin: _____ Date of signature _____

To Be Completed For All PART-TIME Enrollment Requests:

☐ 50% of Premium Requested

A physician is eligible for 50% premiums if FTE is .1 - .49. Please include a memo addressed to the Office of General Counsel setting out: 1) the need for the part-time faculty; 2) the anticipated number of hours physician will work per month; 3) their FTE; and 4) whether the physician has coverage through a private carrier and whether it will cover their duties at TTUHSC. A physician enrolled with FTE of .50 - 1.0 pays full premiums.

Approval (OGC) _____

INSTRUCTIONS FOR COMPLETION:

ENROLLMENTS:

1. Please complete on computer if possible. If unable to do so, please print LEGIBLY or the form will be returned to the department for correction.
2. All enrollments for faculty physicians must be accompanied by:
   a) a copy of their TX medical license or temporary license; and
   b) a copy of the most current Electronic Personnel Action Form (EPAF)

RESIGNATIONS & CHANGES:

Faculty Resignations should be accompanied by a copy of the termination ePaf. If changing from full-time to part-time Faculty, please include copy of updated ePaf.

***** Please email completed form & supporting documentation to: credentialing@ttuhsc.edu (except El Paso faculty)*****

*****Please email El Paso Faculty forms to: joann.cruz@ttuhsc.edu*****