



HealthPartners Family of Care

STATEMENT OF EXPECTATIONS

I recognize that appointment to the Medical Staff is contingent upon professional competence and ethical practice in keeping with the qualifications, standards, and requirements set forth in the Medical Staff Bylaws, Rules and Regulations, and policies of the hospital. I agree to abide by the terms and conditions set forth therein.

I fully understand that any misstatements in, or omissions from, this application may constitute cause for dismissal from the Medical Staff.

Signature _____ Date _____

Typed or Printed Name _____