



# RUSH UNIVERSITY MEDICAL CENTER

## Timeshare Initiation Checklist

Please fill out this form to begin the process of creating a legal document for a timeshare situation where Rush is the landlord.

**Lead Responsible Person:**

**Doctor Involved:**

**Location of Proposed Timeshare:**

**Date Submitted to Legal:**

**Role of Rush: LANDLORD**

Background			
Background of the timeshare:	[Replace this text with a brief description of the proposed timeshare background. Identify the source of the timeshare request.]		
Initial Facts Needed			
	Yes	No	Comments
Does the Physician seek to use space of another on a less than full-time basis?	<input type="checkbox"/>	<input type="checkbox"/>	
Please describe the space to be used	<input type="checkbox"/>	<input type="checkbox"/>	Attachment of floor plan is advised. Please indicate the usable square footage and whether use is exclusive or shared. Also include each room the licensee and licensee's patients will use (including bathroom, conference room, etc.)
List out the days and specific times Physician will have use of this space.	<input type="checkbox"/>	<input type="checkbox"/>	

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Will Physician have exclusive use of the space during the times contracted for?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a dedicated patient waiting area within a suite?	<input type="checkbox"/>	<input type="checkbox"/>	[If not, indicate where the patients will wait.]
Is there a common waiting area?	<input type="checkbox"/>	<input type="checkbox"/>	
Will the waiting area be shared with other unrelated physicians? If so, how many physicians will share the common waiting area while licensee is also using the common waiting area?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Initial Facts Needed</b>			
	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Will Physician have access to specific equipment (other than basic office equipment) during the times contracted for?	<input type="checkbox"/>	<input type="checkbox"/>	[Replace this text with a list of specific equipment available.]
Will Physician use its own staff?	<input type="checkbox"/>	<input type="checkbox"/>	[If no, indicate who will provide staff.]
Will use of staff exceed the time where the doctor has contracted to use the space?	<input type="checkbox"/>	<input type="checkbox"/>	[If yes, please explain additional usage of staff.]
How long is the anticipated need for the space?	<input type="checkbox"/>	<input type="checkbox"/>	[Replace this text proposed start and end date needed for this space.]
Is it anticipated that the need for space will change during the next year?	<input type="checkbox"/>	<input type="checkbox"/>	[If yes, please explain further why time requirements may change.]
Is there a grossing factor?	<input type="checkbox"/>	<input type="checkbox"/>	[If yes, please include factor.]