REQUEST FOR CHANGES IN RESIDENT COMPLEMENT

Changes for July 2016, start date July 2016, submit no later than October 31, 2015

Program Director Name: _____________________ Program: _________________________

I wish to (please check one):
☐ increase my total program numbers
☐ decrease my total program numbers
☐ change positions from one site to another

If increasing positions, list the number of positions and PGY level for increase requested:
Number PGY Level

If decreasing, note here.
Number PGY Level

To which clinical site will these positions be added:

Who will fund this position(s):

If a change, I plan to move (number and level) for July 2015:
Number PGY Level Site Site
from to .
from to .

Educational rationale for increase, decrease, or change:

If a new educational experience will be added, please attach goals and objectives, and list the site director:
_________________________ who will be in charge of the experience. Attached: Yes No

PLEASE ATTACH FUNDING LETTER CONFIRMING SUPPORT FROM PARTICIPATING SITE. Requests without funding support letter will not be considered. NO EXCEPTIONS.

Signature of Program Director: _____________________ Signature of Chair: _____________________

FOR GME USE ONLY:

Approval for Program:
Date reviewed by GME: ____________ Richard K. Parrish, MD: _______________________
Positions approved: ____________ Michael K. Butler, MD : ___________________________
Payor Source approval: ____________ JMH notified/approved: ____________

Please fax this form to the GME Office at 305-585-4309