

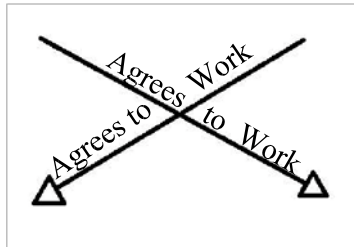
INTERNAL MEDICINE-PEDIATRICS RESIDENCY PROGRAM

CALL SWITCH FORM

Date Submitted: _____

Resident Requesting Call Switch

Original Shift (Rotation & Shift Time)



Resident Agreeing to Call Switch

Original Shift (Rotation & Shift Time)

Reason for Requested Change: _____

Will this switch affect your regular clinic day? If yes, please explain:

Requesting Resident Signature

Agreeing Resident Signature

For Chief Resident/Program Use

Approved

Rotation Notified (Initial & Date): _____

Change made in AMION (Initial & Date): _____

Denied secondary to _____

Resident notified via _____ on (Date) _____

Med-Peds Program Signature (Date)

IM or Pediatrics Program Signature (Date)

THIS FORM SHOULD BE FILLED OUT WHEN A CHANGE IS REQUESTED TO YOUR NORMAL SCHEDULE DUE TO AN ABSENCE WITH LESS THAN 2 MONTH'S NOTICE.

DO NOT ASSUME THAT ANY CHANGE IS MADE UNTIL YOUR REQUEST IS OFFICIALLY APPROVED. IF A CHANGE IS MADE AND THIS FORM HAS NOT BEEN SUBMITTED AND APPROVED, YOU WILL BE CONSIDERED ABSENT WITHOUT APPROVAL AND SUBJECT TO DISCIPLINARY ACTION BY THE PROGRAM.

For Med-Peds Office Use:

Initial Log

Notify Resident