



INTERNAL MEDICINE-PEDIATRICS RESIDENCY PROGRAM CLINIC SCHEDULE CHANGE FORM

Date Submitted: _____

Resident Requesting Change: _____ Rotation: _____

Resident Agreeing To Change: _____ Rotation: _____

<u>Clinic Date (& Site)</u>	<u>Resident Currently Assigned</u>	<u>Agreeing Resident</u>
_____	_____	_____
_____	_____	_____

Clinic Day (& Site): _____

Reason for Change: _____

Requesting Resident Signature

Agreeing Resident Signature

For Chief Resident/Program Use

- Approved
- Clinic notified (initial and date): _____
 - Change made in AMION (initial and date): _____
- Denied secondary to _____
- Resident notified via _____ on (date) _____

IM or Peds Program Director Signature (Date)

Med-Peds Program Director Signature (Date)

THIS FORM SHOULD BE FILLED OUT WHEN A CHANGE IS REQUESTED TO YOUR NORMAL CLINIC SCHEDULE DUE TO AN ABSENCE FROM CLINIC WITH LESS THAN 2 MONTHS 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.