

# INTERNAL MEDICINE-PEDIATRICS RESIDENCY PROGRAM

## ROTATION CHANGE REQUEST FORM

**FORM MUST BE COMPLETED AND SUBMITTED TO THE MED-PEDS OFFICE BEFORE THE FIRST DAY OF THE MONTH PRIOR TO THE REQUESTED CHANGE (Example: Turn in by December 1<sup>st</sup> for a requested change of a January rotation.)**

**YOU WILL BE NOTIFIED OF THE APPROVAL OF THIS CHANGE WHEN YOU RECEIVE A COPY OF THIS FORM IN YOUR MAILBOX. YOU CAN ALSO CHECK YOUR SCHEDULE ONLINE AT: [WWW.AMION.COM](http://WWW.AMION.COM) (IM password: uicim and Peds password: sfpeds).**

**DO NOT ASSUME THE CHANGE IS APPROVED UNTIL YOU RECEIVE THIS NOTIFICATION.**

**INSTRUCTIONS: IF SWITCHING ROTATIONS WITHIN THE SAME MONTH, USE SECTION A. IF SWAPPING A ROTATION FOR ONE LATER IN THE YEAR, USE SECTION B.**

Resident Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Side      Pediatrics      Internal Medicine      Non-Medicine or Pediatric Rotation

**A: Change of rotation in same month**

Current Month: \_\_\_\_\_ Current Rotation: \_\_\_\_\_ New Rotation: \_\_\_\_\_

**B: Rotation Swap**

**Rotation A** Current Month: \_\_\_\_\_ Current Rotation: \_\_\_\_\_ New Rotation: \_\_\_\_\_

**Rotation B** Current Month: \_\_\_\_\_ Current Rotation: \_\_\_\_\_ New Rotation: \_\_\_\_\_

Reason for requested change: \_\_\_\_\_

Do you have any approved time off during this rotation?:      Yes      No      Pending

Type of leave:      Vacation      Interview      Exam      Conference      Other

If yes or pending, dates of absence: \_\_\_\_\_

Comments: \_\_\_\_\_

			Approved	Denied
Med-Peds Program Signature	Title	Date		

			Approved	Denied
IM or Pediatrics Program Signature	Title	Date		

			Approved	Denied
ED or Neuro Program Signature, if applicable	Title	Date		

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**\*For Chief Resident/Program Use\***

Current Rotation/Attending Notified (Initial and Date): \_\_\_\_\_

New Rotation/Attending Notified (Initial and Date): \_\_\_\_\_

Changed in amion (Initial and Date): \_\_\_\_\_

For Med-Peds Office Use:

Initial Log      Notify Resident      Change Block Schedule      P to A/D