

**Department of Internal Medicine-Pediatrics**  
**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 Dec 1<sup>st</sup> for a requested change of a January Rotation)

YOU WILL BE NOTIFIED OF 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) (Internal Medicine password: uicim & Pediatrics password: sfped).

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

Instructions: 1. If switching rotations within the same month use line A. 2. If swapping a rotation for one later in the year use line 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 request 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:

\*\*Note: All Med-Peds residents MUST obtain approval from their Program Director prior to submitting request.

\_\_\_\_\_  
Med-Peds Program Signature      Title      (Date)       Approved       Denied

\_\_\_\_\_  
Internal Medicine or Pediatrics Program Signature      Title      (Date)       Approved       Denied

\_\_\_\_\_  
ED or Neuro, if applicable      Title      (Date)       Approved       Denied

\* For Chief Resident Use\*

Current rotation/attending notified (initial and date): \_\_\_\_\_

New rotation/attending notified (initial and date): \_\_\_\_\_

Changed in amion (initial and date): \_\_\_\_\_

For MP Office Use:

Initial Log

Notify Resident

Change Block Schedule

P to AD