

**REQUEST FOR CHANGE IN RESIDENT ROTATIONS**

If you plan to make a permanent change in resident rotations, you must fill out this form and submit it to the GME Office for approval. These changes include the following:

- I. a change of resident rotation away from JMH to another site (including to Jackson South or Jackson North);
- II. a change in another site's numbers or assigned PGY levels as stipulated in the affiliation agreement from your program.

**Note: All changes require a Letter of Agreement from the Site Director of the site affected.**

**IF YOU NEED TO ADD NEW POSITIONS TO your training program to accommodate these changes, you must submit through the process for new positions.** Please allow 90 days for processing. No resident is allowed to start the new rotation until JMH signs off. The GME office will notify the department as to the effective date of the change.

**Program Name:** \_\_\_\_\_

**I. Request New rotation (specify Title):**

<i>List participating site:</i>	<i>Effective date</i>
---------------------------------	-----------------------

<b>Is this a new site?</b> <i>If yes, attach letter of agreement from the institution that will begin training</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>What is the educational Rationale for the change?</b> <i>(need specifics) Append rationale with goals and objectives.</i>
--

<b>How many positions will be included?</b> <i>(Note: one resident on rotation all year is 12/11 months, or 1.08 residents; one resident is 1 position; 22 months is 2.16 positions, etc)</i>	<i>Indicate Number of positions by PGY Level in this space</i>
--	--

<b>Has the new site agreed to fund these positions?</b> ( please attach written documentation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**II. Change in number of Housestaff on existing rotation:**

Specify Title of Rotation:

<b>Site Gaining Trainees:</b>	<b>Site Loosing Trainees:</b> <small>( please attach acknowledgement of change from the site losing trainees )</small>
<i>Indicate Site gaining trainees:</i>	<i>Indicate Site losing trainees:</i>
<i>List number and PGY level of additional trainees</i>	<i>List number and PGY level of trainees</i>
<i>Effective Date:</i>	<i>Effective Date:</i>
<i>Site Director:</i>	
<i>Signature of Site Director:</i>	
<b>Educational Reason for Change (Attach or may describe in box)</b> See attached description	

**FOR GME USE ONLY**

GMEC – EC: Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Affiliation agreement amendment required? <input type="checkbox"/> Yes <i>date amended agreement sent: _____ date returned / acknowledged: _____</i> <input type="checkbox"/> No
JMH Physician Services Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
DIO Signature:	



**CODE NO 538 GRADUATE MEDICAL EDUCATION**



**REQUEST FOR CHANGE IN RESIDENT ROTATIONS**