

**Graduate Medical Education Committee
Complement Change Request Form**

I. General Information			
Department			
Program			
Program Director			
Signature of the Program Director		Date	

II. Information on Change			
Number of current positions in the program		Number of positions after the change in the program	
Anticipated effective date for the change			
Funding source for the change			
If this change is temporary, please provide reasons and specific ending date for the temporary complement change in your program below.			

III. Impact from the Change
1. Please describe the education benefits from the complement change in your program.
2. Please describe ways through which you, as a program director, are going to maintain the quality of training and adequate supervision of the trainees in your program with this complement change.

<p>3. How will this change impact the training experience of the current trainees in your program? Will there be any impact on the other training programs? (Please refer to the GME Policy 15. UVA Graduate Medical Trainees performing rotations in other program's services)</p>

IV. Review by the GME Education Subcommittee and GME Committee		
Review Result	<input type="checkbox"/> Recommends approval to GMEC <input type="checkbox"/> Recommends approval to GMEC, pending _____ <input type="checkbox"/> Do not recommend approval to GMEC	
Signature of the Committee Chair		Date
This request of complement change was reviewed by the GMEC Education Subcommittee on _____ and subsequently approved by the GMEC on _____.		
		Date
Susan E. Kirk, M.D., DIO, Associate Dean for GME		

Please return completed forms to Sarah Oh, GME Office, Box. 800136 or via email at so8d@virignia.edu.