



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

<b>I. General Information</b>			
<b>Department</b>			
<b>Program</b>			
<b>Program Director</b>			
<b>Signature of the Program Director</b>		<b>Date</b>	
<b>Signature of the Core Residency Director (if change request is for a subspecialty)</b>		<b>Date</b>	

<b>II. Information on Change</b>			
<b>Number of current positions in the program</b>		<b>Number of positions after the change in the program</b>	
<b>Anticipated effective date for the change</b>			
<b>Funding source for the change</b>	<input type="checkbox"/> Departmental <input type="checkbox"/> Divisional Please provide PTAO or Department's Finance Contact person: -----		
If this change is temporary, please provide reasons and specific ending date for the temporary complement change in your program below.			

<b>III. Impact from the Change</b>
<b>1. Please describe the education benefits from the complement change in your program.</b>

<p><b>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.</b></p>
<p><b>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)</b></p>

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