

Date Form Completed:

Date Received in MedEd:

Change of Schedule Form

Ventura County Medical Center Family Medicine Residency

This form must be completed for any changes to be made to the printed schedule.

This form must be received by the Office of Medical Education more than 1 week prior to start of the rotation affected.

Rotation #

Signatures of all residents involved:

Resident 1 [Name & Signature]

Resident 2 [Name & Signature]

Details of changes

Month/Date/Year	Resident 1	Old Duty	New Duty	Resident 2	Old Duty	New Duty
			➔			➔
			➔			➔
			➔			➔
			➔			➔

If >2 residents are involved, please use additional forms as necessary

Explanation:

Approvals:

Residency Director (Date)

Chief Resident (Date)