

**CHANGE OF SCHEDULE FORM  
VENTURA COUNTY MEDICAL CENTER  
FAMILY PRACTICE RESIDENCY**

**THIS FORM MUST BE COMPLETED FOR ANY CHANGES FROM THE  
PRINTED SCHEDULE FOR 2009-2010 RESIDENCY YEAR**

**VACATIONS  
ROTATIONS  
SPLIT ROTATIONS**

RESIDENT NAME \_\_\_\_\_

YEAR \_\_\_\_\_

DATE FORM COMPLETED \_\_\_\_\_

**CHECK ONE**

- \_\_\_\_ CHANGE IN VACATION SCHEDULE  
\_\_\_\_ CHANGE IN ROTATION SCHEDULE  
\_\_\_\_ OTHER

**OLD SCHEDULE**

**NEW SCHEDULE**

DATES \_\_\_\_\_

DATES \_\_\_\_\_

ROTATION AFFECTED \_\_\_\_\_

ROTATION AFFECTED \_\_\_\_\_

**EXPLANATION OF CHANGE** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAMES AND SIGNATURES OF ALL INVOLVED RESIDENTS**

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**APPROVALS:**

RESIDENCY DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

CHIEF RESIDENT \_\_\_\_\_ DATE \_\_\_\_\_

COPY TO ELECTIVE COMMITTEE

COPY TO CHIEF RESIDENT

NOTIFY CLINIC(S)