

# PGY1 Schedule Change Request Form

Requests for schedule changes are not encouraged and will only be considered under exceptional circumstances, i.e. for medical considerations. Requests must be discussed with the resident's program director. If the experience is available within the Dalhousie system, you will not be permitted to go elsewhere. Schedule Change Policy:

<http://postgraduate.medicine.dal.ca/calendar13.html#schedulechanges>

**Please read and complete this form and return to: [vswilson@dal.ca](mailto:vswilson@dal.ca) FAX: (902) 494-3644**

## Request for PGY1 Schedule Change

Requests for changes must be received at least three months in advance of the rotation change requested.

Purpose of request:

Block(s) changing:

Date Request made: yyyy-mm-dd

## Resident Information

Name:

Email:

Program:

## Permission from PROGRAM DIRECTOR

The Program Director must approve any changes to mandatory rotations or rotations not specified in the overall program design for the PGY1 year. Specification for PGY1 schedules can be discussed with your home program.

Have you discussed this change with your Program Director:      yes      no

Program Director Name:

Email:

## APPROVAL from the service resident is joining

Residents must get approval from the service they wish to join. Please attach copy of approval. Email confirmation of acceptance is sufficient for processing.

SERVICE NAME and hospital location:

Name of person approving the rotation:

Email:

Date:

## APPROVAL from the service resident is leaving

Residents must get approval from the service they wish to leave. Please attach copy of approval. Email confirmation of release is sufficient for processing.

SERVICE NAME and hospital location:

Name of person approving the release:

Email:

Date:

PGME OFFICE USE ONLY

Completed:      Processed: