Resident Complement Change Request for

☐ Temporary  ☐ Permanent

1. Current Number of Residents:
   Increase Request:

2. Desired effective date of complement change: ________________

3. If change is temporary, date change will no longer be in effect:
   __________________

4. Educational Rationale for Complement Change Request:

   Provide a brief description of the educational reasons for the resident complement change. This may include the exposure of residents to new technology and the development of rotations that amplify or expand educational experiences. The narrative should justify the request in terms of institutional support, funding, emerging technology, clinical experiences, faculty support, and other institutional facilities that are available. Include the proposed implementation plan. The rationale must be exclusively educational and not based on specialty demands. Educational rationales WOULD include off-cycle residents or residents who required remediation and consequently would finish off-cycle.

5. Provide a brief description addressing the major changes in the program since the last review in terms of program leadership and facilities.

6. Please provide a brief update on each previously issued citation and indicate how it has been addressed, if applicable.

7. Describe the specific circumstances for the change and the provisions that will be taken to ensure adequacy of support (funding) and educational resources. The rationale must be exclusively educational and not based on specialty demand.

Last Reviewed and Approved: Graduate Medical Education Committee
February 12, 2015