



CALL SWITCH REQUEST

**Intern/Resident
Requesting Change:**

Name (Printed): _____

Signature: _____

**Intern/Resident
Accepting Change:**

Name (Printed): _____

Signature: _____

Dates of Switch:

From: ____/____/____ To: ____/____/____

Reason for Switch:

Approvals:

Resident on Service (if applicable): _____ Date: _____

Attending Physician on Service: _____ Date: _____

Chief Resident of Residency: _____ Date: _____

Program Director: _____ Date: _____

GME office: _____ Date: _____

NOTE: This request is valid only when the Office of Medical Education grants final approval and you have received official notification.

For Office of Medical Education Use Only:

- Housestaff Notified
- Medical Education Office
- Program Director Notified (if applicable)
- Copy to Personal File
- Switchboard Notified
- Chief Resident Notified (if applicable)