**A picture containing text, clipart

Description automatically generated**

11400 Rockville Pike, Suite 220

Rockville, Maryland 20852

[CPMEstaff@cpme.org](mailto:CPMEstaff@cpme.org)

[www.cpme.org](http://www.cpme.org/)

**Notification of Change:**

**Program Director, Administrator/DIO,**

**or Hospital Name**

CPME requires that programs inform the Council within 30 calendar days of the following:

* Resignation or termination of the program director, and/or appointment of a

new program director

* Change in the chief administrative officer, DIO, or designee
* Change in the name of the sponsoring institution

Please submit this form by email to your program liaison or to [CPMEStaff@cpme.org](mailto:CPMEStaff@cpme.org) as formal notification of changes.

|  |  |
| --- | --- |
| **Sponsoring Institution Information - Current name** | |
| Name of sponsoring institution |  |
| Address 1 |  |
| Address 2 |  |
| City/State/Zip |  |
| Requested Change | Change in hospital name  Change in program director  Change in chief administrative officer/DIO |
| Date submitted |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Program Information** (as defined in CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies (*July 2023) | | | |
| **Category** | **Program Length (months)** | **Number of approved positions** | **Current number of residents** |
| PMSR | 36 | // | // |
| PMSR/RRA | 36  48 | /// | /// |

**Please only fill out the boxes for the requested change:**

|  |  |
| --- | --- |
| **Sponsoring Institution Change in Name** | |
| Previous name of sponsoring institution |  |
| New name of sponsoring institution |  |
| Address 1 |  |
| Address 2 |  |
| City/State/Zip |  |
| Program director name |  |
| Reason for change |  |
| Please list any email changes associated with hospital name change (program director, DIO, program coordinator) |  |

|  |  |
| --- | --- |
| **Program Director Information – Change in Program Director** | |
| Previous Program Director Name |  |
| New Program Director Name |  |
| Office Address 1 |  |
| Office Address 2 |  |
| City/State/Zip |  |
| Telephone |  |
| Mobile Phone |  |
| Email |  |
| Board certification |  |
| Effective start date |  |
| **Please attach a current CV for the new program director** | |

|  |  |
| --- | --- |
| **Chief Administrative Officer/DIO Information – Change in CAO/DIO** | |
| Previous Name |  |
| New Name, Title |  |
| Office Address 1 |  |
| Office Address 2 |  |
| City/State/Zip |  |
| Telephone |  |
| Mobile Phone |  |
| Email |  |
| Effective start date |  |

**Signatures Required**

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Chief administrative officer (or DIO) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief administrative officer of co–sponsoring institution (if applicable) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program director Date