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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 Resident Resignation, Termination,**

**or Leave of Absence**

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

* Resident resignation, termination, or transfer
* Delay in resident start date
* Resident extended leave of absence
* Resident extension of training

Please submit this form by email to your program liaison or to [CPMEStaff@cpme.org](mailto:CPMEStaff@cpme.org) as formal notification of changes related to individual residents within 30 days of notification of resident action:

|  |  |
| --- | --- |
| 1. **Sponsoring Institution Information** | |
| Sponsoring institution |  |
| Address 1 |  |
| Address 2 |  |
| City/State/Zip |  |
| Program Director |  |

|  |  |
| --- | --- |
| 1. **Resident Information, Resignation or Termination** | |
| Name of Resident |  |
| Training Year |  |
| Action Taken | Resignation  Termination |
| Effective Date |  |

|  |  |
| --- | --- |
| 1. **Resident Information, Leave of Absence** | |
| Name of Resident |  |
| Training Year |  |
| Dates of LOA |  |
| Anticipated date of return |  |
| Anticipated date of graduation |  |
| OTHER |  |

|  |  |
| --- | --- |
| 1. **Resident Information, Delayed Start Date** | |
| Name of Resident |  |
| Training Year |  |
| Expected Start Date |  |
| Reason for delay |  |

By signing this form, the chief administrative officer(s) and the program director confirm the commitment of the institution(s) in providing podiatric residency training.

Chief administrative officer (or DIO) Date

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

Program director Date