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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 as formal notification of changes.

Sponsoring Institution Information - Current name	
Name of sponsoring institution	
Address 1	
Address 2	
City/State/Zip	
Requested Change	<input type="checkbox"/> Change in hospital name <input type="checkbox"/> Change in program director <input type="checkbox"/> Change in chief administrative officer/DIO
Date submitted	

Current Program Information (as defined in CPME 320, <i>Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies</i> (July 2023))			
Category	Program Length (months)	Number of approved positions	Current number of residents
<input type="checkbox"/> PMSR	<input type="checkbox"/> 36	/ /	/ /
<input type="checkbox"/> PMSR/RRA	<input type="checkbox"/> 36 <input type="checkbox"/> 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	
Residency completion date	
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

Chief administrative officer (or DIO) Date

CAO of co-sponsoring institution Date
(if applicable)

Chief administrative officer (or DIO) printed name

CAO of co-sponsoring institution printed name
(if applicable)

Program director Date

Program director printed name