



11400 Rockville Pike, Suite 220
 Rockville, Maryland 20852
 (301) 581-9220
CPMESTaff@cpme.org
www.cpme.org

Notification of Change: Hospital Name

CPME requires that programs inform the Council within 30 calendar days of the 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	
Date submitted	

Current Program Information (as defined in CPME 320, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies)			
Category	Program Length (months)	Number of approved positions	Current number of residents
☐ PMSR	☐ 36	0 / 0 / 0	0 / 0 / 0
☐ PMSR/RRA	☐ 36 ☐ 48	0 / 0 / 0 / 0	0 / 0 / 0 / 0

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

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