

**JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE  
REQUEST FOR CHANGE IN NON-FACULTY SCHOOL OF MEDICINE APPOINTMENTS**

Send original to: Office of the Registrar, Broadway Research Building, Suite 147

Send copy to: Medical Staff Administration, 947 Fell Street, Baltimore, MD 21231 (for clinical appointments)

Change in Appointment for: \_\_\_\_\_  
 (name of appointee) Last Name First Name  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_

**TYPE OF APPOINTMENT:**

- \_\_\_\_\_ Non-House Staff Postdoctoral Fellow (Clinical, Research, Research/Clinical)
- \_\_\_\_\_ JHH House Staff Postdoctoral Fellow (JHH-Intern, Asst. Resident, Resident)
- \_\_\_\_\_ JHBMC House Staff Postdoctoral Fellow (JHBMC-Intern, Asst. Resident, Resident)
- \_\_\_\_\_ Affiliated House Staff Fellow (Sinai: Med-HS)
- \_\_\_\_\_ Observer
- \_\_\_\_\_ Trainee

Please make the following change(s) in the School of Medicine appointment record:

1. \_\_\_\_\_ Change Beginning Date: From: \_\_\_\_\_ To: \_\_\_\_\_
2. \_\_\_\_\_ Change Ending Date: From: \_\_\_\_\_ To: \_\_\_\_\_

**If appointment is extended, provide:**

Preceptor's name: \_\_\_\_\_

Category of Fellowship: \_\_\_\_\_

(House Staff: JHH-Intern, Asst. Resident, or Resident; Fellow: Clinical, Research/Clinical, Research;  
 House Staff: JHBMC-Intern, Asst. Resident, or Resident; Sinai Med - HS)

**If completing fellowship, provide forwarding address:**

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

3. \_\_\_\_\_ Withdraw appointment as of original appointment date which is: \_\_\_\_\_

4. \_\_\_\_\_ Change in Preceptor: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

5. \_\_\_\_\_ Change category of fellowship: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Preceptor: \_\_\_\_\_  
 (House Staff: JHH-Intern, Asst. Resident, or Resident; Fellow: Clinical, Research/Clinical, Research;  
 House Staff: JHBMC-Intern, Asst. Resident; Sinai Med - HS)

6. \_\_\_\_\_ ACGME & Equivalent program change: Does non-house staff fellow hold a position in an approved ACGME program?  
 Yes \_\_\_ No \_\_\_ Effective Date: \_\_\_\_\_  
 Does non-house staff fellow hold a position in a JHUSOM program approved as  
 ACGME Equivalent? Yes \_\_\_ No \_\_\_ Effective Date: \_\_\_\_\_

7. \_\_\_\_\_ Name change/correction: From: \_\_\_\_\_ To: \_\_\_\_\_

8. \_\_\_\_\_ Other: \_\_\_\_\_  
 (i.e. salary source, physical location, time status, etc.)

Department of: \_\_\_\_\_ Division of: \_\_\_\_\_

Signature of Department Director \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Person Completing Form \_\_\_\_\_ Email Address of Person Completing Form \_\_\_\_\_

**For Office Use Only:**

\_\_\_\_\_ Database Appt. Record \_\_\_\_\_ Benefits  
 \_\_\_\_\_ Database Appt. Comment \_\_\_\_\_ Benefit Code (if applicable)

**ROTATOR YES NO**

**Does Above Change Affect:**

<b>Benefit Code</b>	No	Yes	<b>New Code</b> _____
<b>Home Base</b>	No	Yes	<b>New Code</b> _____
<b>Phys Location</b>	No	Yes	<b>New Code</b> _____
<b>Sal Source</b>	No	Yes	<b>New Code</b> _____