UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE
GRADUATE MEDICAL EDUCATION
Notice of Action

Date: _____

Resident: _____ Program: _____

Level: _____ Program Director: _____

ACTION: _____ Effective Date: _____

Policy: _____ End Date: _____

(May attach additional sheets as necessary.)

Justification:

_____

_____

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Provisions:
(List expectations, what assistance will be provided, what method of evaluation to determine improvement, and what consequences if expectations are not met.)

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REQUIRED SIGNATURES
Program Director: _____ Date

Department Head: _____ Date

REQUIRED ATTACHMENT: Due Process Guidelines