

The University of Arizona/UPHK
Graduate Medical Education
Consortium Program



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Initiating a Program Director Change for UA/UPHK GME Consortium

Program: _____ Date: _____

Dept Chair _____ Signature _____

Please submit the following information to the UA/UPHK GME Office. Once approved by GMEC, the DIO will submit to WebADS.

- Previous director remaining in program as teaching faculty? Yes/No
- New PD already listed in ADS faculty roster? Yes/No
- DIO/GMEC ensures that the new PD meets required qualifications? Yes/No
- New PD name
- Position Title
- Primary/Secondary Degree
- PD phone and Fax Number
- PD E-Mail for communication with ACGME and DIO
- Date first appointed as PD in this program
- Date first appointed as faculty member in this program
- Term of PD appointment

Date presented to GMEC: _____

Date submitted to WebADS: _____

