RESIDENT/FELLOW BLOCK SCHEDULE CHANGE FORM INSTRUCTIONS
(Accompanying Work Tracking and Reimbursement Policy)

1. If a resident needs to make a change to his/her block schedule a block schedule change form must be completed submitted to the program director 30 days in advance of the requested change.

2. Please use one change form for each resident/fellow affected. Enter the name the date and the program of the resident/fellow.

3. Fill in the rotation(s) and the dates of the rotation(s) that will be changing under - Current Rotation Name(s) and Date(s). Finally, please enter the hospital(s)/training sites that are associated with the rotation.

4. Coordinator would then enter the same information for the rotation that will be replacing the current rotation. This information will be entered in the - New Rotation Name(s) and Date(s). Finally, please enter the hospital(s)/training sites that are associated with the rotation.

5. The program director will discuss the request with both the administrator and the coordinator.

The FTE spreadsheet will need to be assessed incorporating the change. One of two things will need to happen:

a. The spreadsheet and FTEs will balance because a rotation change will not affect the current spreadsheet – change will be made and highlighted in red on the FTE spreadsheet that is submitted for billing. The program director, administrator and coordinator all sign off.

i. Coordinator would check the box - FTE Counts will remain the same:

ii. All appropriate personnel will sign in this section.

b. The spreadsheet and the FTEs will not balance and additional changes for that resident or if needed other residents will need to be made, the FTE spreadsheet changes will be highlighted in red and program director, coordinator, administrator, and the other residents (if needed) sign off.

i. Coordinator would check the box - FTE Counts do not remain the same:

ii. This change must also be reflected by the coordinator in block schedule in New Innovations so that the resident is associated with the correct location for billing. The coordinator will check the box - Changes are reflected in the block schedule in New Innovations for all residents affected.

iii. This change must also be reflected by the administrator in the FTE schedule and
highlighted in Red so that the hospitals/training sites can see the changes made in the monthly FTE report. Finally, the administrator will check the box - Changes are reflected and highlighted in Red on the FTE Schedule for all residents affected.

iv. All appropriate personnel will sign in this section.

6. After the form is completed and receives appropriate signatures, the form must be submitted to the GME office and UNLV-SOM budget/finance within 5 days of the request.