

Template Change Request Form

Date	Requested By			
Change Description	Description of the change			
Change Reason	Give justification for the change			
STOP To be completed by KNI Administration:				
Impacted of Change	Specify the impact of the change in the terms of schedule impact, standards times for visit type, effect on wRVU prediction			
Proposed Action	Does the team propose this change is accepted/rejected and why?			
Status	In Review	Modification Request	Medical Director Review	Approved/ Rejected
Approved/ Rejected Date				
Approved by				