

## OUTSIDE/OFF CYCLE MATCH APPOINTMENTS

The University of Tennessee, Office of Graduate Medical Education (UT GME) is committed to hiring high quality applicants who meet all UT GME and ACGME eligibility requirements. To achieve this, the UT GME office will provide oversight of hiring applicants outside of the Match or SOAP. Approval from the UT GME office must be granted before a verbal or written offer is extended to the applicant as required below.

If a Match is available, all programs must go through a national matching program for their first year of trainees. This procedure listed below must be followed for any ACGME training program that accepts a trainee outside of the NRMP, Urology, Military, San Francisco Match or SOAP and send Form #1 to GME for approval. ACGME programs where no match is available are not required to secure GME approval before offering a position.

Non-ACGME accredited and non-standard programs must adhere to the procedure outlined below and complete Form #2. J-1 visa holders are not permitted in non-ACGME accredited or non-standard training programs at the University of Tennessee Health Science Center.

Residents and fellows may work on an H-1B visa with approval from the respective Department Chair and the Associate Dean for Graduate Medical Education. The final decision for Outside/Off-Cycle Match Appointments reside with the Associate Dean of Graduate Medical Education.

### **Procedure**

The Program Director and at least one other faculty member must interview the applicant.

Prior to offering an applicant a residency or fellowship position outside a national match (e.g., NRMP, San Francisco, Urology), the Program Director must submit a written approval request to hire to the UTGME office. This written request must include the following documentation:

- Written justification for selecting the applicant outside the match
- Outside Match Approval Request Form
- Applicant's complete application including
  - Demographic Information
  - Medical School Transcript or ECFMG Certificate
  - Previous GME training
  - USMLE/COMLEX official transcript(s)
  - Personal Statement
  - Dean's Letter or Summary of Clinical Performance
  - Letters of Recommendation to include letters from any prior GME training
- Explanation for GME training that was not completed
- Program's Resident/Fellow Selection Guidelines
- [GME Competency Form](#) completed by the applicant

Requests must be submitted to GME at [dio@uthsc.edu](mailto:dio@uthsc.edu). Documentation will be reviewed and discussed on Wednesday of each week. Decisions will be communicated to the Program Director by the end of the week.

### **Exceptions**

Exceptions to this policy include the following:

1. Residency programs may accept University of Tennessee Medical Students who do not match during the Main Match or SOAP. Residency programs must remain in compliance with NRMP and GME policies and must not exceed ACGME approved complements and GME allotted funding.
2. Fellowship programs who are not subject to the NRMP All in Policy may accept current UT residents and fellows outside the match without obtaining approval from GME.

**REQUEST FOR APPROVAL OF OUTSIDE/OFF-CYCLE MATCH APPOINTMENT  
(ACGME Program-Form #1)**

Approval for the following resident/fellow appointment is requested in order to offer a position to an applicant who will be offered a position outside a national matching program.

In order to present this request to the UTGME office, the following required documentation is attached.

1. Request for approval of outside match appointment information completed below;
2. Written justification for selecting the applicant outside the match;
3. Applicants' complete application including:
  - a. Demographic Information
  - b. Medical School Transcript or ECFMG Certificate
  - c. Previous GME training
  - d. USMLE/COMLEX Scores official transcript(s)
  - e. Personal Statement
  - f. Dean's Letter or Summary of Clinical Performance
  - g. Letters of Recommendation to include letters from any prior GME training
4. Explanation for incomplete GME training programs
5. Program's Resident/Fellow Selection Guidelines
6. [GME Competency Form](#) completed by the applicant

Name of applicant: \_\_\_\_\_

Program: \_\_\_\_\_

The position will be:      ☐ Off-Cycle      ☐ Outside Match

Expected start date: \_\_\_\_\_

Does this applicant meet the program's minimum eligibility standards? ☐ Yes ☐ No

Does this applicant need a J-1 visa? ☐ Yes ☐ No

Does this applicant need a H-1B visa? ☐ Yes ☐ No

If Yes, what account number will pay for the H-1B fees: \_\_\_\_\_

Describe the interview process for this applicant.

List the name(s) of faculty who interviewed the applicant: \_\_\_\_\_

Sponsoring Institution: University of Tennessee College of Medicine

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Does the program have funding for this applicant? ☐ Yes ☐ No

If this applicant will start the program off-cycle, what entity will provide funding at the end of his/her training when the program will exceed its funded positions? \_\_\_\_\_

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Will the program need an increase in complement to accept this applicant? ☐ Yes ☐ No

If this applicant is off cycle, will the program need a temporary increase in complement to cover the end of his/her training? ☐ Yes ☐ No

If this applicant has completed previous GME training, did you review documentation from his/her previous programs? ☐ Yes ☐ No

**Fellowship Programs:** Did this applicant complete their training in an ACGME-accredited residency program? If not, the applicant must be reviewed by the GMEC to determine their qualifications as an exceptionally qualified candidate.

☐ Yes ☐ No

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Program Director Name

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Program Director Signature and Date

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Department Chair Name

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Department Chair Signature and Date

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Associate Dean of GME Name

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Associate Dean of GME Signature and Date

**REQUEST FOR APPROVAL OF OUTSIDE/OFF-CYCLE MATCH APPOINTMENT  
(Non-ACGME Accredited or Non-Standard Program-Form #2)**

Approval for the following resident/fellow appointment is requested in order to offer a position to an applicant who will be offered a position outside of a national matching program.

In order to present this request to the UT GME office, the following required documentation is attached.

1. Request for approval of outside match appointment information completed below;
2. Written justification for selecting the applicant outside the match;
3. Applicants' complete application including:
  - a. Demographic Information
  - b. Medical School Transcript or ECFMG Certificate
  - c. Previous GME training
  - d. USMLE/COMLEX Scores official transcript(s)
  - e. Personal Statement
  - f. Dean's Letter or Summary of Clinical Performance
  - g. Letters of Recommendation to include letters from any prior GME training
4. Explanation for incomplete GME training programs
5. Program's Resident/Fellow Selection Guidelines
6. [GME Competency Form](#) completed by the applicant

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Name of applicant: \_\_\_\_\_

Program: \_\_\_\_\_

The position will be:      ☐ Off-Cycle      ☐ Outside Match

Expected start date: \_\_\_\_\_

Does this applicant meet the program's minimum eligibility standards? ☐ Yes ☐ No

Does this applicant need a J-1 visa?      ☐ Yes      ☐ No

Does this applicant need a H-1B visa?      ☐ Yes      ☐ No

If Yes, what account number will pay for the H-1B fees: \_\_\_\_\_

Describe the interview process for this applicant.

List the name(s) of faculty who interviewed the applicant: \_\_\_\_\_  
\_\_\_\_\_

Does the program have funding for this applicant? ☐ Yes ☐ No

If this applicant will start the program off-cycle, what entity will provide funding at the end of his/her training when the program will exceed its funded positions? \_\_\_\_\_  
\_\_\_\_\_

Will the program need an increase in complement to accept this applicant? ☐ Yes ☐ No

If this applicant is off cycle, will the program need a temporary increase in complement to cover the end of his/her training? ☐ Yes ☐ No

If this applicant has completed previous GME training, did you review documentation from his/her previous programs? ☐ Yes ☐ No

**Fellowship Programs:** Did this applicant complete their training in an ACGME-accredited residency program? If not, the applicant must be reviewed by the GMEC to determine their qualifications as an exceptionally qualified candidate.

☐ Yes ☐ No

\_\_\_\_\_  
Program Director Name

\_\_\_\_\_  
Program Director Signature and Date

\_\_\_\_\_  
Department Chair Name

\_\_\_\_\_  
Department Chair Signature and Date

\_\_\_\_\_  
Associate Dean of GME Name

\_\_\_\_\_  
Associate Dean of GME Signature and Date