**GMEC Program Development/Expansion Subcommittee**

**New ACGME-Accredited or Non-ACGME-Accredited Program Request**

* Program (specialty) being requested (indicate if it is a Residency or Fellowship):
* Proposed Start Date of Program:
* Anticipated application submission date to ACGME or other accrediting body:
* Anticipated date for a decision by ACGME or other accrediting body:
* Is this a new ACGME Core Program?
* If not, name of the ACGME-Accredited Core Program associated with the new Program:
* Identify the accrediting body that would approve this Program (ACGME or other):
* Name of Proposed Program Director (PD):
* Name of the Proposed Program Coordinator (PC):
* What is the minimum protected time (% FTE) required by the accrediting body for a PD in this specialty?
* What is the minimum protected time (% FTE) required by the accrediting body for a Program Coordinator in this specialty?
* How much administrative experience does this specialty require for the Program Director?
* Does the proposed Program Director meet that minimum requirement?
* Proposed number of Residents/Fellows when at full complement:
* Proposed number of Residents/Fellows per level of training:
* Proposed duration of training for this Program:
* At what PGY level does the Program begin?
* Which institution will employ the Residents/Fellows (UT, Erlanger Health, etc.)?
* Which institution will fund the positions?
* Where is the administrative space for the Residents/Fellows going to be located?
* Date Proposed Program Performa was approved by the Erlanger GME Strategy Task Force:

**Signatures at the bottom of the form by all parties acknowledge and agree to the following:**

* Funding has been assured for the required protected time (% FTE) for the PD.
* Funding has been assured for the required protected time (% FTE) for the Coordinator.
* UT GME policy dictates that the University does not sponsor trainees for H1B visas.
* All UT GME policies and procedures will be followed to support this residency/fellowship.

**The following documents must be attached:**

* Documentation of funding from hospitals or other entities certifying that they will financially support and fund Residents/Fellows for the proposed program (send to UT GME Lead Residency Coordinator, [Rosalyn.Stewart-Kalaukoa@erlanger.org](mailto:Rosalyn.Stewart-Kalaukoa@erlanger.org)).
* Proposed Program Director’s CV [and Proposed Coordinator’s Resume if known]
* Letter from the Chair and/or Program Director explaining the educational rationale for creating this program
* Letter of support from the Core Program Director (unless this is a Core Program)
* Program/Specialty Requirements from the accrediting body
* Application for the ACGME accredited Residency/Fellowship Program (Word or pdf format)
* If applicable, document addressing any anticipated resource/funding issues to meet program requirements or possible inconsistent resource issues which could impact accreditation longitudinally

Approvals

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Chair Division Chief (if applicable)

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Proposed Program Director Assistant Dean, Finance & Administration

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Associate Dean/DIO Dean

Reviewed by GMEC Program Development/Expansion Subcommittee (Date):

Approved for recommendation to GMEC?