**Program Director (or Associate/Assistant PD) Approval Form**

Program Specialty:

Name of Current Program Director (or Associate/Assistant PD):

Name of Proposed Program Director (or Associate/Assistant PD):

Effective Date:

Will this action result in a salary change for one or both individuals? Yes\_\_ or No\_\_

*Briefly explain:*

Will the NEW Program Director (or Associate/Assistant PD) have the minimum required ACGME protected/administrative time? Yes\_\_ or No\_\_ If so, what is that %: \_\_\_\_\_

How much prior administrative experience is required by the ACGME Specialty Requirements for this program?

Does this individual meet or exceed the requirement? Yes\_\_\_ or No\_\_\_.

Identify the funding source(s) for the NEW Program Director’s (or Associate/Assistant PD’s) protected time: UTCOM-C\_\_\_ Erlanger \_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the NEW PD (or Associate/Assistant PD) meet all ACGME RRC requirements for your specialty?

Yes\_\_ or No\_\_

**Acknowledgement/Approval Signatures, agreeing to the following:**

 All NEW Program Directors are encouraged to attend the ACGME Annual Educational
 Conference or attend their national specialty’s Program Directors Association meeting.

 All Program Directors should attend UT Statewide GME Retreats.

The NEW Program Director (or Associate/Assistant PD) must be intimately familiar with
 all ACGME Specialty Requirements, CLER requirements, Common Program
 Requirements, Institutional Requirements, and all Resident/Fellow recruiting
 regulations.

Please email this form with a copy of the new Program Director’s (or Associate/Assistant Director’s) CV and your Specialty’s Requirements pertaining to this request to the UT GME Lead Residency Coordinator (Rosalyn.Stewart-Kalaukoa@erlanger.org).

**Department Chair’s Signature New Program Director (or Associate/Assistant PD)**

 **Signature**

**Submission and Approval Dates:**

Date reviewed by the UT GME Lead Residency Coordinator:

Date reviewed by the Assistant Dean, Finance Approved: Yes\_\_\_ or No\_\_\_

Date reviewed by the Associate Dean/DIO Approved: Yes\_\_\_ or No\_\_\_

Date of the GMEC Vote Approved: Yes\_\_\_ or No\_\_\_