

**UTHSC Graduate Medical Education**  
**Application for a new ACGME accredited or Non-Standard Program**

Please return the completed application and all requested documents via email to the GME Office at [dio@uthsc.edu](mailto:dio@uthsc.edu) no later than TWO WEEKS prior to the GMEC meeting date. The GMEC meets on the last Monday of each month except for December and June. If you are unable to submit all required documents on a timely basis, review of your program will be postponed until a subsequent meeting.

Program Name	
Program Director	
Primary Site	
Other Participating Site(s)	
Core Faculty/ Faculty	
When do you intend the first resident/ fellow(s) to start?	
Maximum number of training years offered	
Total number of residents/fellows (by PGY level, if more than one year)	
List proposed funding sources (provide documentation verifying each source)	

**Educational Program**

Provide a brief educational rationale for the creation of the proposed program.

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Program Goal

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List the key faculty who will be/are involved in the program; state how much time each will devote to teaching in “hours-per-week” format.

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**\*\*Attach a copy of the competency based rotation specific goals and objectives for each level of training.**

Describe the expected interactions between your residents/fellows and other trainees; describe any potential impact on the core residency program and other programs (e.g., reduced clinical material available to residents; increased medical student teaching or resident supervision, expanded didactic conferences open to trainees in other programs, etc.) Attached an email from the program director for any program listed supporting this application.

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Discuss anticipated strengths and weaknesses of the program and how you might address the latter.

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List the conferences, seminars, journal clubs, etc. in which the resident/fellow(s) will participate (add rows if necessary):

Name of Conference	Frequency	Required or Elective	Individual or Dept. responsible for the session

Describe the basic science and/or clinical research requirements, and/or opportunities available to the resident/fellow(s); note whether (and how much) protected time will be provided for research.

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Describe how the resident/fellow(s) will be supervised by the faculty in all patient care settings.

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List the planned methods for evaluation of and feedback to the resident/fellow(s) (add rows if necessary):

Evaluation Method	Frequency	Evaluator


Describe how the resident/fellow(s) evaluate the faculty and overall program

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Will moonlighting be permitted?

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Attach a block diagram.