GMEC Approval Form
Increase in Resident Complement Request

Name of Program: Click here to enter text.

Name of Program Director: Click here to enter text.

Current number of ACGME approved positions: Click here to enter text.

Current number of residents in program: Click here to enter text.

Current number of funded positions: Click here to enter text.

Proposed increase: Click here to enter text.

Requested effective date: Click here to enter text.

Temporary or Permanent increase: Click here to enter text.

Current faculty to resident ratio: Click here to enter text.

Core faculty to resident ratio: Click here to enter text.

Faculty to resident ratio with additional positions: Click here to enter text.

Core Faculty to resident ratio with additional positions: Click here to enter text.

Attach the following:

- Educational rationale
- Current block schedule
- Proposed block schedule
- Letters from entities that are funding the positions
- Reponses to citations on the most recent letter of accreditation from ACGME
- Any major changes to the program since the last site visit
- If applicable to your specialty, discuss the current number of procedures and case volume and the result of the increased number of trainees
- What effect does this increase have on other training programs

_____   _____
                     Chair   Division Chief (if applicable)

_____   _____
             Program Director   Core Program Director (if applicable)

_____
Business Manager/Director