

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. For Non-ACGME accredited programs or for Non-Standard programs, the procedure below must be followed, and Form #2 must be sent to the GME Office, but approval is granted from the Chair and additional GME Office approval is not required once the Chair approves.

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 scores
 - 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. 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 no 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
 - 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

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

Program Director 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 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
 - 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: _____

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

Program Director Name

Program Director Signature and Date

Chair Name

Chair Signature and Date