Initial Request to Establish a New Program

Instructions: This one-page form and accompanying application must be completed for any ACGME or non-ACGME accredited programs applying for initial approval of the GMEC.

Requesting Department:	
Name of Program:	
Duration of Program:	
Proposed # of trainees per year of training:	
If applicable, current # of residents in the program per year of training:	
PGY starting level: PGY1 PGY2 PGY3 PGY4 PGY5 PGY6	
PGY7 PGY8 and above	
Proposed Start Date:	
Indicate funding source (Click as appropriate):	
Hospital, Name: Department:	
Grant: PI's Name: Other (describe)	
Please attach copy of letter(s) or notice of awards that verify funding source and its duration.	
Will resident stipends differ from HMH-established stipends for each PGY level? DND Yes (If the answer is yes, include an explanation):	
Does this program have any graduates? Yes No	
Will this program be accredited by any accrediting body? Yes \Box , accrediting body? No	
Are there any program requirements for this program? Yes No	
If yes, please attach program requirements.	
Total number of faculty available for teaching in this program:	
Submitted by (proposed program director):	
Name: Date:	
Telephone: Email:	
Approved by:	
Name of Department Chair:	
Signature of Department Chair: If fellowship:	
Name and signature of Division Chief:	
Name and signature of Core Program Director :	