## **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?						
Does this program have any graduates? Yes No						
Will this program be accredited by any accrediting body? Yes ☐ , accrediting body? No ☐						
Are there any program requirements for this program? Yes \( \subseteq \) No \( \subseteq \)						
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 :						

# APPLICATION AND INTERNAL REVIEW FORM FOR NON-ACGME ACCREDITED PROGRAMS

Instructions: Complete this application form for review and approval of non-ACGME-accredited programs.

#### A. ACCREDITATION INFORMATION

If your program is affiliated with a core ACGME program sponsored by Methodist, provide the following information.

Core Program Information						
Title of Core Program:						
Core Program Director:						
10 Digit ACGME Program ID#:						
Accreditation	Effective Date:					
Status:	S:					
Next Review Date:	Last Review Date: Cycle Length:					
Date:  The signatures of the director of the program and the core program director attest to the						
completeness and accuracy of the information		attest to the				
Signature of Program Director (and Date):						
Signature of Core Program Director (and Date	e):					
Rationale for creating the program						
Provide a concise description of the progra	Provide a concise description of the program and the rationale for creating it					
2. Planned start date for the first class of	residents					

ovide a mission statement (the program's core purpose) and 2-3 program aims that the proges the intention of achieving.	ram

3.

#### **B. PARTICIPATING SITES**

PRIMARY SITE (Site #1)	
Name:	
Address:	
City, State, Zip Code:	
Clinical Site? ( ) YES ( ) NO	
Type of Rotation (select one) Elective ( ) Required ( )	Both ( )
Length of Resident Rotations (in	Dou'r ( )
months)	
CEO/Director/President's Name:	
Joint Commission Accredited? ( ) YES ( ) NO	
If no, explain:	
Drief Educational Definition	
Brief Educational Rationale:	
The Program Director must submit any participating sites routinely providing a	n educational experience,
required for all Residents. Duplicate as necessary.	
PARTICIPATING SITE (Site #2)	
Name:	
Address:	
City, State, Zip Code:	
Integrated: ( ) YES ( ) NO	
Does this site also sponsor its own program in this subspecialty?	( ) YES ( ) NO
Does it participate in any other ACGME-accredited programs in this	( ) YES ( ) NO
subspecialty?	
PLA in place between Program and Site	( ) YES ( ) NO
Date of PLA:	
Distance between #2 & #1: Miles: Minutes:	
Type of Rotation ( ) Elective ( ) Required ( ) Both (select one)	
Length of Resident Rotations (in months)	
CEO/Director/President's	
Name:	
Brief Educational Rationale:	

## C. FACULTY/RESOURCES

# 1. Program Director Information

Title: Address: City, State, Zip cod Telephone: Date First Appointe Principal Activity De Term of Program D Date first appointed Number of hours pe Clinical Supervision: Primary Specialty E Subspecialty Board	FAX: ed as Program Director Appointment as faculty member week Director services.	t Education? ent: er in the progr pends in:	Email:  Yes:  ram:  Research:		No:	
City, State, Zip cod Telephone: Date First Appointe Principal Activity De Term of Program D Date first appointed Number of hours pe Clinical Supervision: Primary Specialty E Subspecialty Board	FAX: ed as Program Director Appointment as faculty member week Director services.	t Education? ent: er in the progr pends in:	Yes:		No:	
Telephone: Date First Appointe Principal Activity De Term of Program D Date first appointed Number of hours pe Clinical Supervision: Primary Specialty E Subspecialty Board	FAX: ed as Program Director Appointment as faculty member week Director services.	t Education? ent: er in the progr pends in:	Yes:		No:	
Date First Appointer Principal Activity De Term of Program D Date first appointed Number of hours per Clinical Supervision: Primary Specialty E Subspecialty Board	ed as Program Director Appointment as faculty member week Director services.	t Education? ent: er in the progr pends in:	Yes:		No:	
Principal Activity De Term of Program D Date first appointed Number of hours pe Clinical Supervision: Primary Specialty E Subspecialty Board	evoted to Residen birector Appointme d as faculty memb er week Director s Administration	t Education? ent: er in the progr pends in:	ram:		No:	
Term of Program D Date first appointed Number of hours per Clinical Supervision: Primary Specialty E Subspecialty Board	d as faculty member week Director s Administration	ent: er in the progr pends in:	ram:		No:	
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Number of hours per Clinical Supervision: Primary Specialty E Subspecialty Board	er week Director s Administration	pends in:				
Clinical Supervision: Primary Specialty E Subspecialty Board	Administration		Research:	Ι.		
Supervision: Primary Specialty E Subspecialty Board		n: I	Research:			
Primary Specialty E Subspecialty Board		1.	Research.		Didoctics/Tooching:	
Subspecialty Board	Board Certification				Didactics/Teaching:	
		: [	Most Recent	Year:		
NI	Certification:		Most Recent	Year:		
Number of years sp	ent teaching in th	is subspecialt	ty:			
•		g/education/m	edical/gradu	ate-med	ical-education/institu	
First Name:	MI:	1 :	ast Name:			
Present Position:						
Graduate Medical Education Program Name(s); include dates and names of all residencies						
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	nd Do Cortificati	on Information	on	Curi	ent Licensure Data	1
Certification a	nd Re- Certificati					
Certification a	nd Re- Certificati Certification Year	Re-Certifica Year	ation	State	Date of Exp (mm/yy	piration
	Certification		ation	State	_	piration
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	Certification		ation	State	_	piration
	Certification		ation	State	_	piration
and fellowships:	Education Progr	am Name(s);	; include da	tes and	names of all reside	encies

Academic Appoi	ntments - List the	past ten years, beginning with your current position.
Start Date	End Date	
(mm/yyyy)	(mm/yyyy)	Description of Position(s)
	Present	
Concise Summa	⊥ ry of Role in Prog	ram:
	ry or itole in riog	Turn.
<b>Current Professi</b>	onal Activities / C	ommittees:
Selected Bibliog	raphy - Most repre	sentative Peer Reviewed Publications / Journal Articles from
the last 5 years (li	mit of 10):	

Selected Review Articles, Chapters and/or Textbooks (Limit of 10 in the last 5 years):
Participation in Local, Regional, and National Activities / Presentations - Abstracts (Limit of
10 in the last 5 years):
If not ABMS board certified. explain equivalent qualifications for Review Committee
If not ABMS board certified, explain equivalent qualifications for Review Committee consideration:

#### 2. Physician Faculty Roster

List alphabetically and by site all physician faculty who devote at least 10 hours a week to resident education. Using the form provided in section C.3, supply a **one page** CV for each faculty listed.

			Primary and Secondary Specialties / Field			Average Hours Pe	
Name (Position)	Degree	Based Mainly at Site #	Specialty / Field	Board Certification (Y/N)†	Recertification Date	Years as Devoted Taculty to Residen Specialty Educatio	

<sup>†</sup> Certification for the primary specialty refers to ABMS Board Certification. Certification for the subspecialty refers to ABMS sub-board certification.

## 3. Faculty Curriculum Vitae

First Name:	MI:	Last Na	mo.			
Present Position		Last Na	ilie.			
Graduate Medical Education Program Name(s); include all residencies and fellowships:						
	•					
Certification	Certification and Re- Certification Information Current Licensure Data					
Specialty	Certification Year	Re-Certification Year	State	Date of Expiration (mm/yyyy)		
A	and an analysis of the same					
Start Date	End Date	past ten years, begir	nning with your curre	ent position.		
(mm/yyyy)	(mm/yyyy)	De	escription of Posit	ion(s)		
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Concise Summa	ry of Role in Prog	ram:				
Current Professi	onal Activities / C	ommittees:				

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from
the last 5 years (limit of 10):
Selected Review Articles, Chapters and/or Textbooks (Limit of 10 in the last 5 years):
Participation in Local, Regional, and National Activities / Presentations - Abstracts (Limit of
10 in the last 5 years):
To all the last o years).

If not ABMS boa	ard certified, explai	in equivalent qualif	ications for Revie	w Committee
First Name:	MI:	Last Na	me:	
Present Position				
	al Education Progrand fellowships:	ram Name(s); inclu	de	
Certification	and Re- Certificati		Current	Licensure Data
Specialty	Certification Year	Re-Certification Year	State	Date of Expiration (mm/yyyy)
Academic Anno	intments - List the	past ten years, begir	I nning with your cur	rent position
Start Date	End Date	paor torr years, begin	ming with your our	Torit pooliiori.
(mm/yyyy)	(mm/yyyy)	D	escription of Posi	tion(s)
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Concise Summa	ary of Role in Prog	ram:		

Current Professional Activities / Committees:
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<b>Selected Bibliography -</b> Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
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Specialty	Year	Year	State	Date of Expiration (mm/yyyy)
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Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	
(mm/yyyy)	(mm/yyyy)	Description of Position(s)
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Concise Summa	ry of Role in Prog	ram:
<b>Current Professi</b>	onal Activities / C	ommittees:
Selected Bibliog	raphy - Most repre	sentative Peer Reviewed Publications / Journal Articles from
the last 5 years (li	mit of 10):	

Selected Review Articles, Chapters and/or Te	extbooks (Limit of 10 in the last 5 years):
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Participation in Local, Regional, and Nationa	Activities / Presentations - Abstracts (Limit of
10 in the last 5 years):	
If not ABMS board certified, explain equivale	nt qualifications for Review Committee
consideration:	
First Name: MI:	Last Name:
Present Position:	
Graduate Medical Education Program Name(	s); include
all residencies and fellowships:	

Certification	Certification and Re- Certification Information		<b>Current Licensure Data</b>	
Specialty	Certification Year			Date of Expiration (mm/yyyy)
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Present Position:		
Graduate Medical Education	Program Name(	(s); include
all residencies and fellowship		

Certification and Re- Certification Information			Current Licensure Data	
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Selected Review Articles, Chapters and/or Textbooks (Limit of 10 in the last 5 years):
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all residencies a	nd fellowships:			
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Selected Review Articles, Chapters and/or Textbooks (Limit of 10 in the last 5 years):
Participation in Local, Regional, and National Activities / Presentations - Abstracts (Limit of
10 in the last 5 years):
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If not ABMS board certified, explain equivalent qualifications for Review Committee
consideration:
First Name. Mi. Last Name.
First Name: MI: Last Name:
Present Position:
Graduate Medical Education Program Name(s); include
all residencies and fellowships:

Certification and Re- Certification Information		Current Licensure Data		
Specialty	Certification Year	Re-Certification Year	Date of Expiration State (mm/yyyy)	
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Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from
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If not ABMS boa consideration:	rd certified, expla	in equivalent qualif	ications for Revie	w Committee
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Present Position				
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consideration.				
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Present Position Graduate Medica	: al Education Progi			
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Present Position Graduate Medica all residencies a	: al Education Progr nd fellowships: and Re- Certificat	ram Name(s); inclu	de	censure Data
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Present Position Graduate Medica all residencies and Certification	: al Education Progrand fellowships: and Re- Certification	ram Name(s); inclu-	de Current Lic	Date of Expiration
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Selected Bibliogi	raphy - Most repre	sentative Peer Reviewed Publications / Journal Articles from
the last 5 years (lii	mit of 10):	

Selected Review Articles, Chapters and/or Textbooks (Limit of 10 in the last 5 years):
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Participation in Local, Regional, and National Activities / Presentations - Abstracts (Limit of
10 in the last 5 years):
If not ABMS board certified, explain equivalent qualifications for Review Committee
consideration:
First Name: MI: Last Name:
Present Position:
Graduate Medical Education Program Name(s); include
all residencies and fellowships:

Certification	and Re- Certificat	Current Licensure Data		
Specialty	Certification Year	Re-Certification Year	State	Date of Expiration (mm/yyyy)
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Academic Annoi	intments - List the	past ten years, begir	ning with your curre	nt nosition
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Current Professi	ional Activities / C	committees:		

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from
the last 5 years (limit of 10):
Selected Review Articles, Chapters and/or Textbooks (Limit of 10 in the last 5 years):
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Participation in Local, Regional, and National Activities / Presentations - Abstracts (Limit of
10 in the last 5 years):
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# 4. Non-Physician Faculty Roster

5.

List alphabetically the non-physician faculty who provide required instruction or supervision of residents in the program.

Name (Position)	Degree	Based Primarily at Site #	Subspecialty / Field	Role In Program	# of Years Teaching as Faculty in Subspecialty

Pro	ogram Resources
a)	Do residents have access to specialty-specific and other appropriate reference material in print or electronic format?( ) YES ( ) NO
b)	Concisely describe the technical, clerical, and other non-physician staff who provide support for the administrative and educational conduct of the program. Is the support of the program in this area satisfactory at all program sites?
c)	How many hours per week are dedicated by the program director to program administration?

		d) How many nours per week are allocated to the program coordinator?
D.	RFS	SIDENT APPOINTMENTS
	1.	List/describe prerequisite training that is required for entry into the program.
	2.	Describe how residents will be informed about their assignments and duties during residency. [The
		answer must confirm that there are goals and objectives for each assignment and for each year, and that these will be readily available (hard copy, electronically, listserv, etc.) to all residents.]

		practitioners, PhD or MD students) in the program, sharing educational or clinical experiences with the residents? If yes, describe the impact those other learners will have on the program's residents.						
	4.	Describe how the program will handle complaints or concerns the residents raise. (The answer must						
		describe the mechanism by which individual residents can address concerns in a confidential and protected manner as well as steps taken to minimize fear of intimidation or retaliation.)						
		protected mariner as well as steps taken to minimize real of intimidation of retaliation.)						
	5.	Will the program obtain documentation that each Resident has met the eligibility criteria?() YES () NO						
F.	Ev	EVALUATION (RESIDENTS, FACULTY, PROGRAM)						
	1.	Are residents provided with a description of the skills and competencies that they should be able to demonstrate by the conclusion of the program?() YES () NO						
	2.	Does the faculty provide formative feedback in a timely manner?( ) YES ( ) NO						
	3.	Describe how residents are informed of the performance criteria on which they will be evaluated.						
		Limit your response to 400 words.						

4.	Describe the mechanism used to provide the semiannual evaluations of residents (e.g., who meets with the residents and how the results are documented in resident files).
	Limit your response to 400 words.
	Describe the system for evaluating faculty performance as it relates to the educational program.
	Limit your response to 400 words.

	Limit your response to 600 words.							
	Elithit your response to ooo words.							
CLINICAL EXPERIENCE AND EDUCATIONAL WORK AND LEARNING ENVIRONMENT								
CL	INICAL EXPERIENCE AND EDUCATIONAL WORK AND LEARNING ENVIRONMENT							
	Excluding call from home, what is the projected average number of hours on duty per week per resident?							
	Excluding call from home, what is the projected average number of							
1.	Excluding call from home, what is the projected average number of hours on duty per week per resident?							
1.	Excluding call from home, what is the projected average number of hours on duty per week per resident?  What is the projected average number of days per week of in-house call							
2.	Excluding call from home, what is the projected average number of hours on duty per week per resident?  What is the projected average number of days per week of in-house call (excluding home call and night float) which residents will be assigned?							
2.	Excluding call from home, what is the projected average number of hours on duty per week per resident?  What is the projected average number of days per week of in-house call (excluding home call and night float) which residents will be assigned?  What is the maximum number of consecutive nights of night float							

	6.	Describe program resources for addressing/improving the learning and working environment?
	7.	Briefly describe your back up system when clinical care needs exceed the residents' ability (including nights and weekends).
Н.	Ed	ucational Program
	1.	Concisely describe resident educational responsibilities for other residents, medical students, and allied health personnel.

2.	Describe the manner in which the program ensures that residents are provided with adequate opportunities to assume a major role in the continuing care of patients and have progressive responsibility.					
3.		ertisements. Use		Do not include specific conference ge for conferences at participating		
	Conference Type: (Basic Science, Journal Club, Pathology, etc.)	Required or Optional	Frequency	Individual(s) or Department Responsible for Conducting Conference		
4.	Comment on the levels of conferences and related educ			d resident attendance at program lubs.		
5.		n a variety of prob		th adequate opportunities to observe ariety of settings (such as inpatient,		

# I. Scholarly Activity

1.	List the staff who provide stimulation and supervision of clinical or laboratory research activity by residents and identify their particular area(s) of expertise.				
2.	Will the program offer residents the opportunity to participate in scholarly activities? If yes, brie describe the opportunities and expectations about resident participation.	fly			
3.	Describe the facilities and resources (including space, equipment, support personnel, funding) the are utilized to support resident research.	nat			

## J. BLOCK DIAGRAM FOR THE RESIDENCY PROGRAM

Complete one for each year of the program and reproduce the diagram as needed. The name of the assignment should be descriptive. The block diagram MUST include the SITE where the educational assignment occurs. Provide a key for any abbreviations or acronyms used. .

Year: PGY-

Month	Rotation Type	Site
1		
2		
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5	
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12	

Year: PGY-\_

Month	Rotation Type	Site
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Year: PGY-

Month	Rotation Type	Site
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Year: PGY-

Month	Rotation Type	Site
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Month	Rotation Type	Site
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#### **ATTACHMENTS**

### Attach the following documents to the application:

- 1. Program letters of agreement with participating sites, if applicable.
- 2. Policy for resident eligibility and selection.
- 3. Policy for supervision of residents (addresses residents' responsibilities for patient care and progressive responsibility for patient management and faculty responsibilities for supervision)
- 4. Program policies and procedures for residents' duty hours and work environment
- 5. Moonlighting policy
- 6. Overall educational goals for the program)
- 7. Competency-based goals and objectives for each assignment at each program year of training

- 8. A blank copy of the forms that will be used to evaluate residents at the completion of each assignment
- 9. Copies of tools the program will use to provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
- 10. A blank copy of the forms that will be used to document the semiannual and final summative evaluations of the residents with feedback
- 11. A blank copy of the form that residents will use to evaluate the faculty
- 12. A blank copy of the form that residents will use to evaluate the program

Submit completed form and all attachments to the GME Office. Approval of new programs is subject to <a href="Procedure GME21">Procedure GME21</a>