Graduate Medical Education Committee

REQUEST FOR: _____ New Training Program
_____ Addition of temporary resident positions
_____ Addition of permanent resident positions

In order for the Graduate Medical Education Committee (GMEC) to review requests for expansion or new residency training programs, this application must be completed and submitted to the GME Office.

Date: _____

Program Name: _____

Program Director: _____

1. For new programs, list your program's educational goals and learning objectives.

2. Explain the educational organization of your program (i.e., the rotations/sites of training and number of residents assigned).

3. Total number of residents by year to be in new program.

   PGY I ____ PGY II ____ PGY III ____ PGY IV ____

   PGY V ____ PGY VI ____ PGY VII _____

4. Maximum number of residents approved by RRC?

5. Minimum number of residents required by RRC?

6. Attach an explanation for the following criteria:
   a. Who benefits from the development of this new residency/fellowship?
   b. Is the residency/fellowship based on clinical, educational, or service needs?
   c. What educational needs of the institution would be fulfilled or enhanced by the development of this residency/fellowship?
   d. How does this request address manpower issues locally, statewide, and nationally?

Please submit a copy of this request to the GME Office and a copy to the Dean's Office.

Funding Source identified: _____ _____
Source Dean's Signature

Date reviewed by GMEC: _____

GMEC Action: _____

GMEC Chairman: _____

Designated Institutional Official: _____