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: ____________________________