**UTHSC Graduate Medical Education**

**Application for a new ACGME**

**residency/fellowship program**

Please return the completed application and all requested documents via email to Bran Upchurch [bupchurc@uthsc.edu](mailto:bupchurc@uthsc.edu) no later than TWO WEEKS prior to the GMEC meeting date. The GMEC meets on the last Monday of each month. If you are unable to submit all required documents on a timely basis, review of your program will be postponed until a subsequent meeting.

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| Program Name |  |
| Program Director |  |
| Primary Site |  |
| Other Participating Site(s) |  |
| When do you intend the first resident/ fellow(s) to start? |  |
| Maximum number of training years offered |  |
| Total number of residents/fellows (by PGY level, if more than one year) |  |
| List proposed funding sources (provide documentation verifying each source) |  |

**Educational Program**

Provide a brief educational rationale for the creation of the proposed program.

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Program Goal

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List the key faculty who will be/are involved in the program; state how much time each will devote to teaching in “hours-per-week” format.

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\*\*Attach a copy of the competency based rotation specific goals and objectives for each level of training.

Describe the expected interactions between your residents/fellows and other trainees; describe any potential impact on the core residency program and other fellowship/s (e.g., reduced clinical material available to residents; increased medical student teaching or resident supervision, expanded didactic conferences open to trainees in other programs, etc.)

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Discuss anticipated strengths and weaknesses of the program and how you might address the latter.

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List the conferences, seminars, journal clubs, etc. in which the resident/fellow(s) will participate (add rows if necessary):

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| Name of Conference | Frequency | Required or Elective | Individual or Dept. responsible for the session |
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Describe the basic science and/or clinical research requirements, and/or opportunities available to the resident/fellow(s); note whether (and how much) protected time will be provided for research.

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Describe how the resident/fellow(s) will be supervised by the faculty in all patient care settings.

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List the planned methods for evaluation of and feedback to the resident/fellow(s) (add rows if necessary):

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| Evaluation Method | Frequency | Evaluator |
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Describe how the resident/fellow(s) evaluate the faculty and overall program

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Insert a block diagram.

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Will moonlighting be permitted?

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