**GMEC Approval Form**

**New Non-ACGME Accredited Program Request**

Program to be created: Click here to enter text.

Proposed start date of program: ***Click here to enter text.***

Does ACGME or any other accrediting body offer accreditation for this training: ***Click here to enter text.***

Proposed Program Director: ***Click here to enter text.***

Proposed Residency Coordinator: ***Click here to enter text.***

Proposed number of residents: ***Click here to enter text.***

Proposed number of residents per level of training year: Click here to enter text.

Proposed duration of training program: ***Click here to enter text.***

Who will employ the residents (UT, UTMG, etc): ***Click here to enter text.***

Who is funding the positions: ***Click here to enter text.***

Have funds been secured to support the trainees in the program (i.e. books, conference travel, etc.): ***Click here to enter text.***

* What account number are these funds located in: ***Click here to enter text.***

Where is the administrative space for the residents going to be located: ***Click here to enter text.***

**Signatures at the bottom of the form by all parties acknowledge and agree to the following:**

* Residency Coordinators require at least 25% protected time for small fellowships, 50% protected time for large fellowships/small residency programs, and 100% protected time for multiple programs or large residency programs.
* UT GME policy dictates that the University does not accept trainees on an H1B visa
* All GME policies and procedures will be followed

**The following documents must be attached**:

* Letters of funding from the hospitals or other entities certifying that they will pay for the residents in the program
* Program Director CV
* Letter from the Chair and/or Program Director explaining the rationale for creating this program
* Application for non-ACGME accredited residency or fellowship

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Chair Division Chief (if applicable)

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Program Director Core Program Director

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