**GMEC Approval Form**

**Program Director Change Request**

Name of Program: ***Click here to enter text.***

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

Reason for Change: ***Click here to enter text.***

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

Proposed Start Date: ***Click here to enter text.***

Does above faculty member meet all ACGME requirements to be Program Director: ***Click here to enter text.***

Date of Birth (MM/DD/YYYY): ***Click here to enter text.***

Clinical Practice Group: ***Click here to enter text.***

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

* The COM requires protected administrative time for the Program Director of any ACGME program to be at least 20% although some RRC’s require a higher level of protected administrative time. Protected administrative time does not include clinical activities or resident supervision in the hospitals.
* All new Program Directors must attend the annual ACGME Educational Conference in the March following their approval by this committee at GME expense.
* All Program Directors must attend the annual ACGME Educational Conference at GME expense the year before every scheduled site visit.
* All Program Directors must attend the annual Statewide Program Director Retreat (generally mid-September)

**The following documents must be attached**:

* Program Director CV

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Chair Division Chief (if applicable)

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Proposed Program Director