

Proposal for New Training Program Request for Accreditation of an Existing Training Program

Date _____ Form Completed by _____ Tel. No. _____

(please check appropriate box) _____ This is a *NEW* Training Program Proposal (**complete Sections I & III**)

_____ This is a Request for ACGME Accreditation of an *existing* Training Program (**complete Sections I, II and III**)

SECTION I

Please complete the following information.

Name of Training Program _____ Length of Program _____ mos./yrs.

Program Director's Name _____ Telephone No. _____

Number of Trainees? _____

SECTION II

If this is a Request for Accreditation for an *existing* Training Program, complete the following:

- a. How long has the existing Training Program been established? _____
- b. Number of graduates since the inception of the Training Program? _____

SECTION III

All applicants must complete the following section. A separate sheet(s) may be attached to answer the following questions in detail. Please reference the appropriate letter for each question on your attachment(s).

- a. What is the name of the responsible department? _____
- b. Outline each of the following:
 - 1. Program Structure/Organization
 - 2. Program Educational Mission Statement
 - 3. General Educational Goals by Year of Training
 - 4. Major Rotations List
 - 5. Number of Required Lectures Per Week
 - 6. Research Involvement (if any)
 - 7. Evaluation Procedures for Program, Faculty and Residents
- c. Please complete Table 1 (attached) regarding Participating Institutions
- d. Prepare a *complete* Program Budget to include all salaries, educational expenses, supplies, etc.
- e. List all your Funding Source(s)

**Send this form to Office of Graduate Medical Education, Tompkins 236
If you have questions regarding this application, call 688-1449**

Table 1

Participating Institution	Address	Institution Contact And Telephone #	MAJOR* Participation	MINOR** Participation	Facilities Provided	# of Faculty Provided

* **Major** – Institutions to which residents rotate for a required experience or that in which provides at least 6 months of training.

** **Minor** – Institutions to which residents rotate for specific learning experiences (example: electives).