



**Graduate Medical Education Committee
New Program/ New Track Request Form**

I. General Information			
Request Type	<input type="checkbox"/> Request for a new ACGME program* <input type="checkbox"/> Request for a new Non-ACGME program* <input type="checkbox"/> Request for a change in existing program structure		
Department			
Program			
Program Director			
Anticipated Effective Date			
Number of Position(s) Requested			
Funding Source for New Program/New Track			
Signature of the Program Director		Date	

*For a new program request, please attach 1) a letter of support from the core program director and 2) an outline of the curriculum with goals and objectives in core competency areas and evaluation plan not exceeding 3 pages.

II. Educational Elements
<p>1. Please provide rationale for and the educational benefit of this new program/track.</p>
<p>2. Please describe the overall goals and objectives of the new program/track.</p>
<p>3. How will this new program/track impact the training experience of the current</p>

trainees in your department/program?
4. How will this new program/new track impact the overall education of the graduate medical education trainees within and beyond the University of Virginia Medical Center?

III. Review by the GME Education Subcommittee and GME Committee		
Review Result	<input type="checkbox"/> Recommends approval to GMEC <input type="checkbox"/> Recommends approval to GMEC, pending _____ <input type="checkbox"/> Do not recommend approval to GMEC	
Signature of the Committee Chair		Date
This request of complement change was reviewed by the GMEC Education Subcommittee on _____ and subsequently approved by the GMEC on _____.		
		Date
Susan E. Kirk, M.D., DIO, Associate Dean for GME		

Please return completed forms to Sarah Oh, GME Office, Box 800136, or via email at so8d@virginia.edu.