University of Virginia Medical Center

Application Form for New Residency/Fellowship Program

**Step 2:**

*Following UVAMC leadership review, please complete Step 2 and submit to the GME Office**. After being reviewed by the UVA GME Education Specialist, the form will be added to the GMEC-Education Subcommittee agenda for review. It will then be reviewed by the GMEC.*

*Note: Several sections below reference information pulled from the ACGME Program Requirements. The most up-to-date Program Requirements for ACGME-accredited programs can be found by going to* [*https://www.acgme.org/*](https://www.acgme.org/)*, selecting the ‘Specialties’ dropdown, clicking the desired core specialty to navigate to the specialty-specific page, and clicking ‘Program Requirements, FAQs, and Applications’.*

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| General Program Information |
| 1. Program Director Name:   [Enter Text]   1. Program Director and/or Program Leadership FTE Support (ACGME Minimum/Required):   *This information can be found in the ‘Personnel’ - ‘Program Director’ section of the most up-to-date ACGME Specialty Specific Requirements\*.*  [Enter Text]   1. Does the Program Director meet the qualification requirements for this role? (Y/N)   *This information can be found in the ‘Personnel’ - ‘Program Director’ section of the most up-to-date ACGME Specialty Specific Requirements\*.*  [Enter Text]   1. Program Coordinator Name:   [Enter Text]   1. Program Coordinator FTE Support (ACGME Minimum/Required):   *This information can be found in the ‘Personnel’ - ‘Program Coordinator’ section of the most up-to-date ACGME Specialty Specific Requirements\*.*  [Enter Text] |

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| Academic Information |
| 1. What is the division’s/department’s educational rationale for requesting this residency/fellowship program?   *Rationale must not be based on service demands. Provide detail on the educational advantage or specific patient needs of starting a program in this specialty.*  [Enter Text] |
| 1. Required Clinical Rotations:   *This information can be found in the ‘Educational Program’ - ‘Curriculum Organization and Resident Experiences’ section of the most up-to-date ACGME Specialty Specific Requirements\*.*  *Please also list if these will occur inside or outside of the program’s home department.*  [Enter Text]   1. Outside Rotations Needed (Y/N; if Y, please list the number of months that will occur outside of the Sponsoring Institution):   [Enter Text]   1. Does the program require a minimum number of patient and/or procedural volumes (please attach the completed procedural/case volume data section of the Specialty-Specific Application):   *This document can be found on the ACGME website under the Program Requirements, FAQs, and Application page and then by selecting Specialty Specific Application under the relevant specialty/subspecialty. The information for volume minimums can be found within the most up-to-date ACGME Specialty Specific Requirements\* (location varies by specialty) or in the ‘Documents and Resources section on the specialty’s ACGME page.* ***Not applicable to all specialties.***  [Enter Text]   1. Describe how the program will ensure adequate clinical and educational experiences for trainees:    1. Clinical Volume:   [Enter Text]   * 1. Clinical Teaching and Supervision:   [Enter Text]   * 1. Didactic Program:   [Enter Text]   * 1. Research Opportunities:   [Enter Text] |
| 1. Describe the impact of program approval on other learners within the health system (medical students, residents, fellows, PA, APPs, etc.):   [Enter Text] |

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| Faculty Needed |
| 1. Number of Faculty and/or Core Faculty as Required by the Accrediting Body:   *This information can be found in the ‘Personnel’ - ‘Faculty’ section of the most up-to-date ACGME Specialty Specific Requirements\*. Best practice dictates that a faculty member should be listed on the new program application for each required rotation, so the required faculty list should be cross-checked with the required rotations to determine any additional faculty needed.*  [Enter Text]   1. Please list the required faculty outside of the core specialty department.   *Refer to the ACGME specialty-specific requirements.*  [Enter Text]   1. Core Faculty FTE (ACGME Minimum/Required):   *This information can be found in the ‘Personnel’ - ‘Faculty’ section of the most up-to-date ACGME Specialty Specific Requirements\*.*  [Enter Text] |

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| Additional Program Information |
| 1. Will the division/department need to hire additional support? (faculty, administrative staff)   [Enter Text] |
| 1. Describe how the program will ensure sufficient space for the residents/fellows in the program (e.g., call rooms, workstations, conference space, lockers, etc.). If additional space will be needed, please include specific space needs.   [Enter Text] |
| 1. What is the national fill rate (%) for this specialty for the last three years?   *If the specialty participates in the NRMP Match program, this information can be found at* [*https://www.nrmp.org/*](https://www.nrmp.org/) *by navigating to the ‘Match and Data Analytics’ page and selecting either the ‘Residency Data & Reports’ or the ‘Fellowship Data & Reports’, depending on the type of program. If the specialty participates in a different matching service, please navigate to the appropriate website to find the fill rate information.*  [Enter Text] |
| 1. In the surrounding region (Virginia, West Virginia, North Carolina, Washington D.C.), how many programs in this specialty already exist?   [Enter Text] |
| 1. Please list dates of deadlines for submission to the accrediting body for approval (e.g. ACGME RC meetings) and for quota increases for the match (if applicable)?   [Enter Text] |

UVA GME Education Specialist Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GMEC Education Subcommittee Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Comments/Feedback: |