



	Start / End
	Form Completion/Submission
	Process; may lead to additional action items
	Key Decision Point
	Process
	Re-submission endpoints
	Note
	Medical Center Funding approval process
	Complement Increase approval process
	New Program approval process
	Re-submission process

## University of Virginia Medical Center Request for Program Growth

The application can be accessed and submitted at [this link](#).

**Spring Cycle:** Applications will be accepted between March and April GMEC meeting dates.

**Fall Cycle:** Applications will be accepted between September and October GMEC meeting dates.

### **Program Director – Initiates Application**

1. Program Name
2. Department
3. Program Director and Chair emails
4. Type of Request
  - New Program; Permanent Complement Increase
  - Temporary Complement Increase [specify date range]\*
  - Requesting Funding only for existing approved (but currently unfilled) positions

*\*Please note, temporary complement requests less than 1 year (e.g., to accommodate extensions in training due to leave/remediation) do not need to submit this form. Please contact the GME Office with any questions.*

5. Funding Requested
  - Requesting MC Funding (no Dept funding available)
  - Requesting MC Funding (if Medical Center funding is denied, department funding is available)
  - Dept has identified a source of sustainable funding for the length of the Program, at minimum [indicate length of program]
6. Length of Training
7. Is Accreditation Available for the Specialty?
  - Yes, by [e.g. ACGME, other organization]
  - No

8. Anticipated Effective Date

9. Total Resident/Fellow Slots									
	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5	PGY-6	PGY-7	PGY-8	Total
Number of Slots Being Requested									

10. Request Rationale: How will this request help to meet the overall strategic mission of UVA Health System (community providers, service line planning, physician pipeline, strategic growth)?
11. Please list any additional program expenses (excluding Stipends and GME provided benefits), such as equipment, supplies, and services (e.g., housing for required away rotation, etc.) that will be required to support this increase in your program? Does this request require additional work or call space?
12. Program Director Signature

### **Department Chair – Reviews, Edits, Comments, and Signs Application**

13. Department Chair Comments/Feedback
14. Department Chair Signature

All information provided in #1-12 can be revised by the Department Chair.