

PETITION FOR NEW GRADUATE MEDICAL EDUCATION PROGRAM OR MODIFICATION OF EXISTING PROGRAM

1) Department:	2) Program Director:
	3) Program Name:

4) Brief Description of Proposal:	5) New Program? (Yes/No)
	6) Modification of Program? (Yes/No)
	7) Start Date for Proposed Change or New Program:

8) Accredited by ACGME (check one)?	Yes – already accredited	9) Current length of program (# of years)?	
	Plan to accredit future program (if so, specify when)		
	No – not accredited by the ACGME	10) If program is a fellowship, has Program Director of core residency program agreed? (Provide letter of support if applicable)	
	Accredited by another entity – specify:		

	11) Current number of ACGME-approved positions?	12) Current number of FTEs?	13) Current number of UIHC-funded FTEs?	14) Current number of FTEs funded outside UIHC? (show source of funding which might include Department, VA, training grant, other)?		15) Proposed number of FTEs to be added or deleted in this petition and proposed effective date?		16) Source of funding for proposed additional FTEs	
				# FTEs funded outside UIHC	Source of outside funding	# FTEs added or deleted	Effective Date	Stipend and FICA (indicate source)	Benefits (indicate source)
Year 1 (Meaning number of R1s or F1s in this program)									
Year 2 (Meaning number of R2s or F2s in this program)									
Year 3 (Meaning number of R3s or F3s in this program)									
Year 4 (Meaning number of R4s or F4s in this program) <i>Add additional rows if necessary...</i>									

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| Required Attachments – A separate page on each should be attached: |
| • Program Description (Goals, objectives, structure, evaluations, etc. – Please contact the GME Office for specific elements of this document 353-6765. This is especially important if there will be a trainee with a visa.) |
| • Educational Rationale for New Program or Proposed Change (Note impact of RRC requirements, caseload, teaching requirements, research, etc.) |
| • Letter of Support as required by Item 10 (above). Additionally, if other programs could be impacted by the creation or modification of a program, please submit letters of support from those programs’ directors, as well. |

Be sure to obtain the signatures of the Program Director and Clinical Service Head, then submit completed form and attachments to the Administrator of GME in C123 GH.

APPROVALS[±]

	PROGRAM DIRECTOR (REQUIRED BEFORE SUBMISSION TO GME ADMINISTRATOR)	DEPARTMENT GME DIRECTOR (ONLY REQUIRED IF THIS POSITION EXISTS IN THE PARENT DEPARTMENT – MUST BE SIGNED BEFORE SUBMISSION TO GME ADMINISTRATOR)	DEPARTMENT HEAD* (REQUIRED BEFORE SUBMISSION TO GME ADMINISTRATOR)
APPROVAL OF EDUCATIONAL RATIONALE (LEGIBLE INITIAL AND DATE)			

	NEW/MODIFIED PROGRAM CHAIR OR ADMINISTRATOR (REQUIRED BEFORE SUBMISSION TO GMEC CHAIR)	GMEC CHAIR (REQUIRED BEFORE SUBMISSION TO GME DIRECTOR/DIO)	GME DIRECTOR/DIO (REQUIRED BEFORE SUBMISSION TO UIHC CEO/DIRECTOR)
APPROVAL OF EDUCATIONAL RATIONALE FOLLOWING REVIEW BY NEW/MODIFIED WORKGROUP (LEGIBLE INITIAL AND DATE)			

		UIHC CEO/DIRECTOR (REQUIRED BEFORE FINAL APPROVAL LETTER SENT TO PROGRAM DIRECTOR)
FINAL APPROVAL (LEGIBLE INITIAL AND DATE)	EDUCATIONAL RATIONALE	
	STIPEND AND FICA	
	BENEFITS	

± To indicate approval, each should initial and date the appropriate box

**Department Head is the same as Clinical Service Head or DEO*