

# Verification Statement for Non-Standard Training Program

(Residency or Fellowship Training Programs not accredited  
by the ACGME, AOA, or CODA)

In accordance with University-Hospital affiliation agreements, University-affiliated hospitals shall not accept residents or any other post-graduate trainees from any medical or dental school, other than those of the University, without the University's prior written consent.

Name of Non-Standard Subspecialty Training Program: \_\_\_\_\_

Name of related accredited program specialty/subspecialty\*: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Anticipated duration of training (e.g. 7/1/2017-6/30/2018): \_\_\_\_\_

ECFMG # (if applicable): \_\_\_\_\_

Funding Source: \_\_\_\_\_

Site of rotation at UB-affiliated hospital: \_\_\_\_\_

The Program Director of the related ACGME-accredited program and the Program Director of the Non-standard training program confirm the following:

***I have reviewed the goals and objectives of the above mentioned non-standard training program/pathway and the curriculum will not conflict with training of residents in ACGME-accredited training programs.***

***Goals & Objectives must be attached to this form.***

\_\_\_\_\_  
Program Director, related Accredited Program\* (Print Name and Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director, Non-standard Training Program (Print Name and Sign)

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Dr. Roseanne C. Berger  
Designated Institutional Official for Graduate Medical Education  
Senior Associate Dean for Graduate Medical Education (Print Name and Sign)

\_\_\_\_\_  
Date

\*Determined in conjunction with GME