

**Request for New ACGME-Accredited Training Program**

***Background:*** [*ACGME Institutional Requirements*](https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022.pdf) *state, “GMEC (Graduate Medical Education Committee) responsibilities must include review and approval of applications for ACGME accreditation of new programs” (I.B.4.b).(4)). The UB GMEC reviews proposed program financial and educational resources prior to initiating a new program application in ADS (ACGME’s Accreditation Data System).*

***Instructions:*** *Complete the form below and return it, along with all required documents listed below, to the UB GME Accreditation Team for review by the GMEC and its Program Quality Review Subcommittee (PQRS).*

**Program name:**

**ACGME Program-Specific Requirements:**

**This form submitted by (prospective program director name):**

**ACGME-required # of years of training:**

**# of trainees requested per year of training:**

**\*Names of existing UB GME-sponsored training programs that may be affected by this program:**

Please submit the following documents via email, along with this completed form.

1. Department Chair letter or email, confirming:
	* initiation of new program
	* appointment of prospective program director and associate program director, if applicable
		+ including salary support for non-clinical time for administration of the program as specified in ACGME program-specific requirements
	* appointment of prospective program administrator
		+ including salary support for time for administration of the program as specified in ACGME program-specific requirements
	* that the department will pay the ACGME application [fee](https://www.acgme.org/About-Us/Policies-and-Related-Materials/Fees)
2. Prospective Program Director’s recently updated CV
3. Rotation block diagram (see ACGME specialty website and [“Creating an Effective Block Schedule” video and handout](https://www.acgme.org/Program-Directors-and-Coordinators/Welcome/Avoiding-Common-Errors-in-the-ADS-Annual-Update) for guidance)
4. Written confirmation of funding:
	* from all sites listed on block diagram
	* for # trainee FTEs corresponding with block diagram
5. \*Program director letters or emails from program(s) listed above, confirming that creation of this program will not adversely impact their trainees’ education and describing any anticipated enhancements to their trainees’ education (see [Program Contacts](http://medicine.buffalo.edu/offices/gme/directors/contacts.html) for contact information).

In addition to the above, please complete the following prompts:

|  |  |
| --- | --- |
| Prospective Program Director Attestation: As prospective program director of the above-named program, I attest that I will immediately assume all program director responsibilities as specified in the relevant ACGME common and program-specific requirements upon receiving GMEC approval. | *Type full name below to complete the attestation:* |
| Explain the need for this program in the community |  |
| Describe overall program educational goals/program aims |  |
| Indicate faculty to resident ratio |  |
| Describe how the program will ensure adequate clinical and educational experiences for trainees (e.g. clinical volume, clinical teaching and supervision, didactic program, research opportunities, etc.) |  |
| (Optional) Any additional comments for GMEC consideration |  |

The presence of the prospective program director and administrator is required at the GMEC meeting during which this request is reviewed in order to present the request and answer any committee questions.