

**Paul L. Foster School of Medicine
Graduate Medical Education
NEW PROGRAM REQUEST FORM**

DEPARTMENT: _____

DEPARTMENT CHAIR: _____

PROPOSED PROGRAM: _____

1. From which agency will the department seek accreditation for the new program?

ACGME TMB

2. What would be the total number of residents/fellows in the proposed program when full? _____

3. Provide the number (s) of residents/fellows to be added each year of program implementation.

PGY \ Exp \ Yr.	1 st (mm/yy) _____	2 nd (mm/yy) _____	3 rd (mm/yy) _____	4 th (mm/yy) _____	5 th (mm/yy) _____
PGY 1					
PGY 2					
PGY 3					
PGY 4					
PGY 5					
PGY 6					
TOTAL					

4. To accommodate the requested training, does the department have sufficient:
Faculty? Yes No and

Clinical Material/Patients? Yes No

5. What impact will the addition of a new GME program have on other clinical departments as well as the participating institutions?

6. Has the department obtained a commitment to support the new program from the other clinical departments as well as participating institutions that will be impacted?

7. Identify the amount of funding (salary, fringe benefits, malpractice coverage) required per year to support the new program.

PGY \ Exp \ Yr.	1 st (mm/yy) _____	2 nd (mm/yy) _____	3 rd (mm/yy) _____	4 th (mm/yy) _____	5 th (mm/yy) _____
PGY 1					
PGY 2					
PGY 3					
PGY 4					
PGY 5					
PGY 6					
TOTAL					

8. Identify the source(s) of funding (Department, External Source, etc.) required for the new program.

9. Delineate the protocol for transferring funds to TTUHSC GME account. (If in-house, include acct. #; if an external source will provide funding, attach the letter of commitment).

10. Identify the faculty member who would be appointed Program Director:

SIGNATURES:

Submission

Department Chair: _____ Date: _____

Source of funding fiscal agent: _____ Date: _____

Review

Concur		Title	Signature	Date
Yes	No			
		GME Committee Chair/DIO		
		Assoc. Dean, Finance and Administration		

Approval of New Program Request:

Dean, Paul L. Foster-SOM _____ Date: _____