Proposal for New Training Program
Request for Accreditation of an Existing Training Program

Date ____________ Form Completed by _________________________________ Tel. No. _______________

(please check appropriate box) ________ This is a NEW Training Program Proposal (complete Sections I & III)

________ This is a Request for ACGME Accreditation of an existing Training Program (complete Sections I, II and III)

SECTION I

Please complete the following information.

Name of Training Program _____________________________ Length of Program _______ mos./yrs.

Program Director’s Name _____________________________ Telephone No. __________________

Number of Trainees? ______________

SECTION II

If this is a Request for Accreditation for an existing Training Program, complete the following:

   a. How long has the existing Training Program been established? _________________________

   b. Number of graduates since the inception of the Training Program? _______________________

SECTION III

All applicants must complete the following section. A separate sheet(s) may be attached to answer the following questions in detail. Please reference the appropriate letter for each question on your attachment(s).

   a. What is the name of the responsible department? __________________________________

   b. Outline each of the following:
      1. Program Structure/Organization
      2. Program Educational Mission Statement
      3. General Educational Goals by Year of Training
      4. Major Rotations List
      5. Number of Required Lectures Per Week
      6. Research Involvement (if any)
      7. Evaluation Procedures for Program, Faculty and Residents

   c. Please complete Table 1 (attached) regarding Participating Institutions

   d. Prepare a complete Program Budget to include all salaries, educational expenses, supplies, etc.

   e. List all your Funding Source(s)

Send this form to Office of Graduate Medical Education, Tompkins 236
If you have questions regarding this application, call 688-1449
Table 1

<table>
<thead>
<tr>
<th>Participating Institution</th>
<th>Address</th>
<th>Institution Contact And Telephone #</th>
<th>MAJOR* Participation</th>
<th>MINOR** Participation</th>
<th>Facilities Provided</th>
<th># of Faculty Provided</th>
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* Major – Institutions to which residents rotate for a required experience or that in which provides at least 6 months of training.

** Minor – Institutions to which residents rotate for specific learning experiences (example: electives).