UMASS MEDICAL SCHOOL GME
APPLICATION FOR NON-STANDARD
RESIDENCY OR FELLOWSHIP PROGRAM

1. Program: ____________________________________________

2. Program Director: ________________________________

3. Clinical Department(s) _________________________________

4. Duration of Program (years) ________ and total number of positions______

<table>
<thead>
<tr>
<th>Total Resident/Fellow FTEs by PGY</th>
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5. How many total positions are you requesting? (if this is a 3-year program and you plan to offer 1 positions per year, the answer is 3): ______

6. Anticipated date of implementation: _______________________

7. Is accreditation by the ACGME available? ____ YES ____NO

8. If no, are there requirements or guidelines for this specialty outlined by a specialty society? If so, please attach.

________________________________________________________
________________________________________________________________

9. Provide an education rationale for the program to include the following issues:
   a. Is there a critical mass (ie. minimum size) necessary to meet the program’s academic objectives?

   b. Are the clinical experiences (both inpatient and ambulatory) sufficient to support this program? Please describe cases or procedures required by the RRC.

   c. Are there sufficient faculty to support the program? Please provide the faculty FTE to (proposed) resident ratio.
10. If available, please provide a list of comparable training programs in the US.

11. Please describe the proposed educational program including:
   a. Specific learning goals and objectives (these must conform to RRC requirements for competencies)? Please attach to this document
   b. The facilities to be used including inpatient and outpatient volume
   c. List of faculty and percent time dedicated to the program
   d. Description of clinical rotations (please provide block schedules)
   e. Description of didactic curriculum
   f. Methods for evaluation of residents, evaluation of faculty and evaluation of the program

12. Please describe the process for fellow selection. How is the quality of applicants assessed? (ie. USMLE scores, AOA, board eligibility etc.)

13. Methods for evaluation of residents, evaluation of faculty and evaluation of the program

14. Impact on other training programs and students:
   a. Will this new program displace residents from other programs on your rotations? (or within your department)
   b. Will this new program require rotations for your residents in other departments? If so, a letter of support from each department must be included with this application.
   c. Will this new program have an impact on the medical student rotations in your department? If so, please provide details.

15. Impact on clinical services:
   a. How will the proposed new program impact the provision of clinical services at UMMHC?
16. **Affiliated institutions:**
   a. Will this new program impact (either positively or adversely) our institutional relationships with affiliated teaching hospitals? Please explain. If rotations are planned at another institution, an affiliation agreement must be in place before a rotation begins.

17. **Workforce projections:**
   a. What are the current and future workforce needs for your specialty? Please include source of the data.

18. **Financial support:**
   a. Are external funding sources available to support this program? 
   *Please provide a profit and loss statement.*

Please attach:
Goals and objectives for each rotation
Conference schedule
List of faculty and their roles in the fellowship training program