Application Form for New Residency or Fellowship Program

1. Program: ____________________________________________

2. Program Director: ____________________________________

3. Duration of Program (years)
   a. Total number of residents by PGY (table)
      PGY 1  ____
      PGY 2  ____
      PGY 3  ____
      Total ____

4. Anticipated date of implementation: _____________________

5. Is program accredited by the ACGME? ____ YES ____NO

6. How many total positions are you requesting? (if your residency is approval for 3 years and you plan to offer 1 positions per year, the answer is 3): ______

7. 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 expansion?

8. Please describe the proposed educational program including:
   a. What are there specific learning objectives?
   b. the facilities including inpatient and outpatient volume
   c. list of faculty and percent time dedicated to the program
   d. clinical rotations
   e. didactic curriculum
   f. evaluation

9. Impact on other training programs and students:
a. Will this expansion displace residents from other programs on your rotations?:

b. Will this expansion have an impact on the medical student rotations in your department?:

10. Affiliated institutions:
   Will this expansion impact (either positively or adversely) our institutional relationships with affiliated teaching hospitals?:

   a. Peer reviewed publications
   b. Platform presentations at regional, national or international meetings
   c. CME presentations?

11. Workforce projections:
   a. What are the current and future workforce needs for your specialty?

12. Impact on clinical services:
   a. How will the proposed expansion impact the provision of clinical services at UMMHC?

13. Financial support:
   a. Are external funding sources available to support the expansion?