

Complement Change Form for GMEC Approval

Use this form to request a complement increase (temporary or permanent) or a decrease.

Temporary complement increase requests for less than 90 days no longer require GMEC approval.

Process for requesting a temporary complement increase:

Per ACGME as of 12/11/23 - If a temporary complement increase request is for less than 90 days, formal request process through GMEC and ADS is no longer needed. **This new policy does not apply to one-year fellowships.**

The following must be submitted to the GME office via Microsoft forms. The document submission due dates are listed on the [GME website](#).

- Educational rational letter for the increase
- Funding letter (explaining who will be funding this additional position).

The GME office and GMEC Executive Committee will review the letters. The GMEC committee must vote to approve the increase before any information is submitted to the ACGME. The ACGME will review this request at the next RRC meeting.

Process for requesting a permanent increase:

The following must be submitted to the GME office via Microsoft Forms. The document submission due dates are listed on the [GME website](#).

- Educational rational letter for the increase
- Funding letter (explaining who will be funding this additional position)

The GME office and GMEC Executive Committee will review the letters. The GMEC committee must vote to approve the increase before any information is submitted to the ACGME. The ACGME will review this request at the next RRC meeting

Please use this form as guide prior to submitting the [Microsoft form for GMEC approval](#).

1. Name of person completing this form: *
2. Contact email address: *
3. Contact phone number: *
4. Program Director name: *
5. Program Name (if non-accredited, please begin name with Non-ACGME Accredited): *
6. Name of person who can be available to discuss this request with the Executive Committee Meeting? (Please look at meeting table on [GME Website](#)): *
7. ACGME Program Number (if applicable):
8. Current Program complement is: *
9. Are you submitting for a complement increase or decrease? *

Increase

Decrease

If you select decrease you will see questions 11,13,18,19, 20, 21, 22, 35.

If you select increase, you will see questions 10,12,14,15 and 16 then select based on which complement increase.

10. Program Complement after the increase will be: *

11. Program Complement after the decrease will be: *

12. After the increase what is the total number of spots per PGY level? *

13. After the decrease what is the total number of spots per PGY Level? *

14. Do trainees complete a preliminary year or required rotations here at another program? *

15. What is the proposed mechanism for funding for this requested complement increase? *

16. I am requesting the following: *

Less than 6-month Temporary Increase

Temporary Increase (greater than or equal to 6 months)

Permanent Increase

Depending on what selection you pick above, will be what questions you see

17. For a permanent increase, list the date/academic year that the increase will go into effect: *
18. For this complement decrease, list the date/academic year this decrease will go into effect: *
19. Are there any other programs being impacted by this decrease? *
20. Justification for complement decrease. *
21. Will this complement decrease have any negative impact on the program? *
22. Do you anticipate an addition or deletion in your participating sites if this complement decrease is approved? *
23. For permanent increases, why are housestaff being requested rather than Advance Practice Providers? *
24. For permanent increases, how will these additional housestaff improve patient care at Barnes-Jewish Hospital, St. Louis Children's Hospital and or Washington University. *
25. For permanent increases: **Letter of Support.** This is 1 letter signed by PD of program requesting complement increase, PD of core residency program (if request is from a dependent sub) Vice Chair of Education (if applicable), and Department Chair, to include acknowledgement of support of program/size, support of educational/program structure, and that the new size of program will match the required FTE support of the PD/APD and the PC. If funding for the complement increase is coming from the Department, can including funding statement in this letter of support instead of an additional funding letter. *

 Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

26. For temporary increases greater than 6 months, why are housestaff being requested rather than Advance Practice Providers? *

27. For temporary increases greater than 6 months, how will these additional housestaff improve patient care at Barnes-Jewish Hospital, St. Louis Children's Hospital and or Washington University. *

28. For temporary increases >6 mos increases: **Letter of Support.** This is 1 letter signed by PD of program requesting complement increase, PD of core residency program (if request is from a dependent sub) Vice Chair of Education (if applicable), and Department Chair, to include acknowledgement of support of program/size, support of educational/program structure, and that the new size of program will match the required FTE support of the PD/APD and the PC. If funding for the complement increase is coming from the Department, can including funding statement in this letter of support instead of an additional funding letter. *

 Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

29. For a temporary increase list the dates/academic year that the temporary increase will cover: *

30. Letter of educational rationale: *

 Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

31. For all complement increases, which clinical sites will these housestaff be rotating at? How will their time be divided between the different clinical sites? *

32. Do you anticipate an addition or deletion in your participating sites if this complement increase is approved? *

33. Please upload an updated block schedule to demonstrate any changes that occurred if this request were approved

*

 **Upload file**

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PDF, Image

34. Funding letter (Funding letter should be signed by all parties who have agreed to fund the complement increase.

*

 **Upload file**

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PDF, Image

35. Please upload a letter of support for the decrease signed by the Department Chair. *

 **Upload file**

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PDF, Image

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.