

## New Non-ACGME Program Application for GMEC Approval

Please use this form to start a new Non-ACGME Accredited Program or to reactivate a previously existing Non-ACGME program.

Please review this form to view the application and framework for answers prior to submitting the [Microsoft form for GMEC approval](#).

1. Program Name: \* Please include full name of program
2. Program Director Name: \*
3. Program Director Email: \*
4. Please specify any required qualifications of the Program Director for this new/revived program: \*

**Qualifications of Program Director:** When specifying the required qualifications for the Program Director (PD) role, you can include the following if applicable to program:

**Educational Background:** Advanced degree relevant to the field (e.g., MD, DO, PhD).

**Certification:** Board certification in the specialty required for PD position.

**Experience:** A minimum number of years of clinical experience in the specialty, as well as prior experience in medical education and program administration.

5. Program Coordinator Name (First/Last): \*
6. Program Coordinator Email: \*

7. Program Website (optional): Please insert link if applicable

8. Are you requesting to unarchive a previous program or create a brand-new program? \*

Unarchiving previously existing program

Brand-new program

9. Length of Program: \*

12 months

24 months

36 months

Other

10. Provide the rationale for the length of the program if longer than one year or if requesting a change in the length of the program. (Not applicable to existing multi-year training programs)

**If you select 24 or 36 months- Educational Rationale for Long Programs:** If your program has a duration of more than 12 months, you need to provide a detailed educational rationale explaining why extended duration is necessary. Consider including the following points:

- **Specialized Training:** Describe any specialized skills or knowledge that require more time to develop and cannot be sufficiently covered within a 12-month period.

- **Clinical Experience:** Explain how the extended time allows for more extensive hands-on clinical experience, exposure to rare conditions, or treatment of a diverse patient population, which is crucial for comprehensive training.
- **Research Opportunities:** If applicable, discuss the importance of incorporating significant research components into the program and how this requires additional time.
- **Competency Development:** Provide details on the competencies that trainees are expected to achieve and why a longer duration is necessary for achieving these competencies at a high level.

11. What is the most closely related ACGME-accredited program (including program accreditation number)?

**The most closely related ACGME-accredited program:** When selecting the most closely related ACGME program for your NST program application, please consider the following:

**Specialty/ Subspecialty:** Select either a specialty-based residency or fellowship, it can also be a subspecialty program that is close to what the field of practice will be in the NA program.

12. Please list the site(s) where these trainees will rotate (Participating Sites): \*

**Addition of Participating Sites:** If a Non-ACGME Accredited Program wants to add a new participating site they must go through the GMEC approval process. Please see [our website](#) for more details.

13. Define the educational goals of the program.

(Be very specific as to what this program provides which is not included in an ACGME-accredited program)

**Educational Goals:** Clearly define the educational objectives, especially those not covered by an existing ACGME-accredited program. Please see following examples:

- Advanced Specialized Skills
- Research and Innovation

- Advanced Patient Care
- Leadership and Administrative Skills

14. Does this program have another accrediting body? (If yes, please list below). \*

15. Define the prerequisite education and/or training for entry into the program, including any procedural experience.

\*

16. Describe trainee responsibilities for patient care, care management, and supervision of others during the program:

\*

17. Describe required educational experiences and didactic sessions in the program: \*

**Required Educational Experiences and Didactic Sessions:** Please list the mandatory educational experiences and describe the structure of the didactic sessions, including their frequency and whether trainees are required to present.

18. Will the trainees be required to complete specific patient care procedures as part of this program? *Please answer Yes or No and provide a description.* \*

19. Describe faculty supervision of trainees in the program: \*

20. Describe the method(s) for assessment of the trainees: \*

**Methods of Assessment:** These methods should be inclusive of any and all verbal and written feedback by faculty in the program.

21. Describe how personnel, clinical services, and other resources will be made available for the program without adverse impact on the education of residents or fellows in the Sponsoring Institutions' ACGME-accredited program(s): \*

22. List all faculty members (other than the program director) who have responsibility for education or supervision of trainees in the program. *Include First and Last name, Degree and Participating Site:* \*

23. Is certification available to graduates of the program? \*

- Yes
- No

24. Identify the certifying body.

25. Anticipated number of trainees per year? \*

26. Is this primarily a research program (50% or more dedicated research time)? \*

- Yes
- No

Please attach a funding letter from the Department chair stating where the funding for this New Program is coming from, including support for the Program Director and Coordinator. If the NA Program Director also oversees an ACGME program, the letter should specifically state how the support exceeds the ACGME-required FTE. \*

 [Upload file](#)

File number limit: 2 Single file size limit: 100MB Allowed file types: Word, Excel, PDF, Image

27. Please upload a sample block schedule for this program. \*

 [Upload file](#)

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