

Participating Site Changes Request

To request an addition or deletion of participating sites to your ACGME, Non-ACGME, or NST program, please use this form. This includes all locations off the Kingshighway campus, including CSCC/WashU clinics operating under the Faculty Practice Plan. Please note that obtaining all necessary paperwork for a new site may take minimally one year.

Participating sites are limited to Missouri locations only. No Illinois locations will be approved or allowed except under very limited circumstances.

Use this application for the following scenarios:

- Program already rotates to BJWC for 1 rotation and wants to add an additional rotation at BJWC.
- A new WashU clinic location has opened, and a program wants to add it to an existing rotation.
- Program would like to create a new rotation at a new-to-the-program site.

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

1. Program Name: * Please provide the full name of the program.
2. Program Director Name: *
3. Program Director Email: *
4. Program Coordinator Name (First/Last): *
5. Program Coordinator Email: *
6. Length of program: *
7. When will this requested change take effect? * Please put Month, Day, Year

8. Are you requesting: *

The addition of a new Participating Site.

The deletion of a current Participating Site.

If you select deletion, you will see questions 9 & 10.

If you select addition, you will see question 11 next.

9. What site are you requesting to delete? * Please include the full proper name of the participating site.

10. Please explain why you are requesting to delete this participating site. *

Deleting a participating site: Please include a detailed reason you are deleting this participating site please see examples reasons below:

- Changes in Clinical Volume or Case Mix
- Faculty or Staff Changes
- Program Accreditation Requirements
- Quality of Training Environment
- Financial Constraints
- Changes in Strategic Planning

If you are deleting a site, Q17 is the last question you have to answer.

11. What site are you requesting to add? * Please include the full proper name of the participating site.

12. Site Director First Name, Last Name, Title, Email: *(Please note only an individual credentialed and who has privileges at a location can be the Site Director.)*

13. What is the educational rationale for going to this site? *

Educational Rationale: When preparing an educational rationale for adding a participating site to a program, it is important to provide a comprehensive explanation that covers various aspects of the decision. Below are some ideas to structure your educational rationale if needed:

- Clinical Need
- Enhanced Research Opportunities
- Faculty Expertise
- Improved Interdisciplinary Training

14. What are the goals and objectives for this rotation? *

Goals and Objectives: When adding a new participating site for a rotation, it's important to outline the goals and objectives to ensure alignment with the overall educational mission. Below are some ideas to structure your goals and objectives around:

- Enhanced Clinical Exposure
- Advanced Procedural Skills
- Interdisciplinary Collaboration
- Practice-Based Learning and Improvement

15. What is the average duration of the assignment at this new location (2 days a week for 4 weeks, etc.)?

16. How would this additional site affect the coverage model at current sites, particularly at BJH/SLCH? *

17. Please upload an updated block schedule reflecting the site change. *

 Upload file

File number limit: 1 Single file size limit: 100MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

18. Will this rotation be only in a CSCC/WashU Clinic (FPP sites) or in the hospital space? *

CSCC/WashU Clinic only.

Hospital space only.

Both clinic and hospital spaces.

19. Please upload the approval letter received from Hospital Administration/Leadership. *It should be provided on letterhead, containing information about how the person is authorized to approve on behalf of the hospital/site, proof of CAP discussion, and their contact information.* *

 Upload file

File number limit: 1 Single file size limit: 100MB Allowed file types: Word, PDF

20. Is the program planning for a complement increase in the next 12-24 months?

*