Program Director Request Form: ACGME Accredited/Non ACGME Accredited/NST programs ⦵

Please use this form to request a temporary or permanent change for the Program Director in any program (ACGME, Non-ACGME, and Non-Standard Training Programs).

Once the GMEC votes on the change and it passes, the GME office will:
➢ Submit the change in ACGME (if applicable)
➢ Update New Innovations
➢ Update NRMP/ERAS (if applicable)
➢ Set up meeting for the new Program Director to meet with the GME DIO

The Program should update the following (if applicable):
➢ AAMC GME Track: Email AAMC at GMEtrack@aamc.org with the old and new Program Director names.
➢ Update the Program Director information during the Annual Program Evaluation
➢ AMA Freida: Email Freida online at freida@ama-assn.org with the change. Be sure to include the 10-digit program ID.
➢ Residency Management System if other than New Innovations (i.e. My Evaluations, Med Hub, etc.)
➢ SF Match (if applicable)
➢ Specialty Organizations
➢ Your program's website
➢ PLA's & MAA's – update and submit a new copy to the GME office. This is an ACGME requirement.

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

1. Contact name (Name of person completing this change request form): *

2. Contact Email Address: *

3. Current Program Director (First/Last name): *

4. Current Program Director Email: *

5. New Program Director Name (First/Last name): *

6. New Program Director Email Address: *

7. New Program Director start date: *

8. Is this PD change permanent or temporary? *

   ○ Permanent

   ○ Temporary

9. Which type of Program Director Change is this? *

   ○ For an ACGME Accredited Program

   ○ For a Non- ACGME Accredited Program/ Non-Standard Training
   Program

If you selected Non-ACGME/ Non Standard Training, you will see questions 10 & 11.

10. Non-ACGME Accredited/ Non-Standard Training Program name: *

11. **New Program Non- ACGME Accredited/Non-Standard Training Director's CV**: Please upload the New NA Program Director's
    Curriculum Vitae (CV). *

    ↑ Upload file

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

The Non-ACGME Program Director/ Non-Standard Training Program Director form ends here

If you selected ACGME you will see the remaining questions below

12. ACGME Accredited Program Name and Number: *

13. New Program Director DOB (required for ERAS/NRMP update): *

14. New Program Director Work phone number (this will be public facing on ACGME Website): *

15. New Program Director cell phone (Not public facing- ACGME uses this for 2FA): *

16. **Protected Time for New Program Director**: Enter the amount of protected time expected for the New Program Director.

    Please review *ACGME Program Requirements (Section II. Personnel - II.A. Program Director: II.A. - II.A.4.a).(16)))* specific to your specialty for program director qualifications and responsibilities. *

17. **Mentor Plan:** Submit a written plan to mentor the New Program Director. (Required to be on Letterhead)

    We suggest participating in PD Bootcamp, if you have not previously. https://gme.wustl.edu/program-director-bootcamp/

    *

    ⤒ **Upload file**

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

18. **Reason for Program Director Change:** Provide a letter of explanation for why the current program director is stepping down and the qualifications of the new program director. (Required to be on letterhead.)
*Review ACGME Program Requirements for required qualifications. *

⤒ Upload file

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

19. **New Program ACGME Accredited Director's CV**: Upload New Program Director's Curriculum Vitae (CV). *

⤒ Upload file

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

20. **Program Director Support Letter:** Upload Program Director support letter signed by program Chairman or Business Manager. (Required to be on Letterhead).

A sample of the support letter is provided below:

Date

Dear Dr. Cosco,

This letter is to confirm that the Department of (insert department name) will provide Dr. (insert new program director name) who is being nominated for program director of (insert program name) with the following ACGME required support for this position:

(Insert ACGME Program Requirement here. Refer to Section II. II. Personnel - II.A. Program Director: II.A. - II.A.4.a).(16))

Sincerely,

Chair (insert Chairman name), Department of (insert name) or
Business Manager (insert name), Department of (insert name)

*

⤒ Upload file

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