

## **Non-Standard Training Program Application for GMEC Approval Guide:**

Non-Standard Training (NST) is a designation by the ACGME for non-ACGME accredited programs that wish to accept trainees on a J-1 visa. Programs must be listed as NST programs in the ACGME system if they intend to seek ECFMG approval of a trainee's J-1 visa application.

Please use this form to preview the NST application and review answer framework prior to submitting the [Microsoft Form for GMEC approval](#).

1. Program Name: \* Please list the desired NST Program Name
2. Program Mailing Address: \*
3. Program Director Name: \*
4. Program Director preferred phone number (If ACGME program, this will be public facing in ADS): \*
5. Program Director Email: \*
6. Program Coordinator Name (First/Last): \*
7. Program Coordinator Email: \*
8. Program Website (optional): Please insert link if applicable
  
9. Length of Program: \*  
12 months  
24 months  
36 months

10. If the length of the program is longer than 12 months, please provide an educational rationale.

**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. Specify any required qualifications of the Program Director: \*

**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.

12. 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:

- **ACGME Milestones:** Your trainee's milestone evaluation done at 12 weeks by the program director will be based off the ACGME-accredited program milestones.
- **Participating Sites:** NST Program trainees can only rotate at locations where the closely related ACGME program rotates as listed in WebADS.
- **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 NST program.

13. Please list the site(s) where these trainees will rotate (Participating Sites). *Please note: NST program trainees can only rotate at locations where the closely related ACGME program rotates as listed in WebAds.. \**

14. Define the educational goals of the program (Be very specific as to what this program provides that is not provided 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

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

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. Does the program require trainees to gain experience in patient care procedures during the program? \*

- Yes
- No

19. Please list any minimum patient care experiences/case minimums/procedures that the NST trainee is expected to complete during training: \*

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

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

**Methods of Assessment:** These methods should include of the required milestones at 12 weeks completed by the program director and semiannual evaluation as well as how and with what frequency faculty in the program will provide verbal and written feedback to the trainee.

22. 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 Institution's ACGME-accredited program(s): \*

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

24. Define the prerequisite education and/or training for entry into the program: \*

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

- Yes
- No

26. Identify the certifying body:

27. Anticipated number of trainees per year? \*

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

- Yes
- No

29. Please attach a funding letter stating where the funding for this NST Program is coming from, including support for the Program Director and Coordinator. If the NST 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

30. 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

31. Please upload the Program Directors CV. \*

 **Upload file**

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