**Request for GMEC Approval of International Graduates in Non-Standard Programs**

**Requests for GMEC Approval of**  
**International Medical Graduates in Non-Standard Training Programs**

As of July 1, 2003 the Education Commission for International Medical Graduates (ECFMG) implemented new expectations for the Graduate Medical Education Committee (GMEC) sponsoring ACGME accredited training programs. The GMEC is expected to formally review and approve requests from non-standard training programs wishing to hire international medical graduates. The purpose of GMEC approval is to ensure that educational resources available for accredited training programs is not adversely affected by trainees in non-standard training programs. **Request for International Graduates in Non-Standard Programs will be considered annually at the January GMEC meeting. All applications for consideration must be sent to the Office of the Associate Dean for GME at least one week prior to the next regularly scheduled meeting.**The following process must be used for requests for GMEC approval for non-standard training:

**Process**

1. Submit a copy of the request form for GMEC approval of Non-standard Training Programs and any supporting documentation to the Office for the Associate Dean for GME no later than one week prior to the next regularly scheduled GMEC meeting.

2. A copy of the approval form and any supporting documents submitted by the program must be reviewed by the Office for the Associate Dean for GME for completeness prior to the next regularly scheduled meeting.   
  
3. The program director of the core residency training program (ex: Peds, IM, Surgery etc) submitting the request must attend the GMEC meeting to discuss the rationale for the request, and respond to any questions or concerns raised by the GMEC members present during the meeting.  
  
4. After the discussion, the program director and all other representatives from the program submitting the request must excuse him/herself from the room to allow the members to continue the discussion and vote.   
  
5. All members present at the meeting may participate in the discussion of the request, however only members appointed as voting members of the GMEC may participate in the vote.   
  
6. If approved by the GMEC, the Associate Dean for GME will provide a letter to the program director granting the approval to hire an international medical graduate in the non-standard training program. The information previously reviewed by the GMEC must accompany the material for submission to the ECFMG. 

However, if the GMEC members deny the request, the reason for the denial will be sent to the program director immediately following the meeting. The program director may submit a follow up request after the issue(s) identified by the GMEC have been resolved. The follow up request for approval must specifically address the reasons for the prior GMEC denial.

**GMEC Approved 1/24/2005**  
**GME Board Approved 2/4/2005**

**GMEC Revised/Approved 11/14/2011**

**WUSM/BJH/SLCH GME Consortium**  
**Requests for GMEC Approval of a Non-Accredited Clinical Fellow**

New program \_\_\_\_\_ Existing program / renewal \_\_\_\_\_\_  
  
Name of Non-ACGME Accredited Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of Fellow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Expected Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date Submitted for GMEC Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**1. Identify the Program Director or faculty member who will assume administrative, educational, and supervisory responsibility for the trainee.**

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**2. Outline or attach the educational goals/objectives and scope of experience to be attained during this training period.**

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**3. Specify the length of training the trainee will receive in this program
  
**4. Who will assume responsibility for salary, benefits and malpractice insurance for this trainee? (Department, BJH, SLCH, other). (**A letter or other documentation from the institution or other outside source confirming financial support for salary, benefits and malpractice, must be attached to this request**).**

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**5. Describe the relationship this trainee will have with other accredited house staff currently training in accredited programs. Specifically, how will house staff in accredited program(s) interact with house staff in the non-standard training program? Which accredited training program(s) will have direct contact with this program?**


  
  
  
  
  
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**Signature of Program Director** **Date Signed**  
  
  
  
  
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**Signature of Dept. Business Manager Date Signed**  
  
  
  
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**Signature of Designated Institutional Date Signed**  
**Official (DIO)**