I PURPOSE

As per GMEC policy, all requests to the ACGME for new programs must be pre-approved by NYU Winthrop’s Graduate Medical Education Committee. This policy ensures that a consistent process is followed for that review.

II POLICY

To ensure consistency in presenting requests to the GMEC for new programs, program directors shall develop a formal written application for review by the Committee.

III PROCEDURES

The application shall comprise the following:
APPLICATION FOR NEW RESIDENCY/FELLOWSHIP TRAINING PROGRAM – ACGME-ACCREDITED

Instructions

1. All new training programs must be approved by the Graduate Medical Education Committee before initiation. No resident or fellow must be recruited or offered a position until the program is approved by the GMEC.

2. Departments/Divisions interested in obtaining approval for a new GME training program must notify the GME office of the intent to request approval for such a program, and furnish the name of the proposed Program Director.

3. The proposed Program Director must review the governing ACGME program requirements and any FAQs to ensure that the program has resources to meet all accreditation standards.

4. The proposed Program Director must complete this “Application for New Residency/Fellowship Training Program – ACGME-Accredited” in its entirety, including the required signatures, and submit it, along with any supporting documents, to the GME Office for initial review. Incomplete submissions will be returned without review.

5. The GME office will review the proposal, request clarifying information from the Program Director as necessary, and return the proposal to the program indicating suggested revisions, edits and queries as appropriate.

6. When the proposal is deemed complete, it will be presented by the proposed Program Director to the GMEC for approval.

7. The GMEC will make a decision to approve the request based upon its educational merit. Approval by the GMEC will be promptly communicated to the Program Director.

8. Once the proposal is approved by the GMEC, the program will meet with the GME Office to review the application for accreditation, in advance of its completion/submission to the ACGME.

9. Weekly status updates/meetings must be scheduled with the GME office.

10. Mock Survey and application review must be scheduled with the GME office.
I. PROGRAM DEMOGRAPHICS

1. Program Name: Click here to enter text.

2. Program Duration (in years): Click here to enter text.

3. Program Director: Click here to enter text.

4. Program Coordinator: Click here to enter text.

5. Departmental Administrator: Click here to enter text.

6. Department Chair: Click here to enter text.

7. Core Program Director (if applicable): Click here to enter text.

8. Number of positions requested: Choose an item.

9. Anticipated Start Date of Program: Click here to enter a date.

10. ACMGE Application Deadline you would like to apply for: Click here to enter a date.

11. Is this program subject to oversight by another entity such as a specialty board or specialty society?
   Yes ☐ No ☐ Indicate name: Click here to enter text.

12. Will this program participate in a matching program?
   Yes ☐ No ☐ Indicate name: Click here to enter text.

13. Does training lead to Board Certification? If so how will the program meet the requirements?
   Yes ☐ No ☐ Click here to enter text.

II. RATIONALE FOR CREATING THIS PROGRAM

a. Why is this new program needed at NYU Winthrop Hospital? Why now?

b. Whom does it benefit?

c. How does it support the strategic plan of NYU Winthrop Hospital and your Department?

click here to enter text.

III. DESCRIPTION OF PROGRAM (overall goals and objectives)

Click here to enter text.

IV. TEACHING STAFF – List core faculty members, are these faculty resources currently available at NYU Winthrop or will faculty have to be hired?

Click here to enter text.

V. IMPACT ON FACILITIES - Discuss each of the following:

a. Office space available or needed for the residents

b. Clerical needs for the residents

c. Computer needs

d. On-Call room needs

e. Other needs not addressed above

Click here to enter text.

VI. PARTICIPATING INSTITUTIONS

a. Which hospitals other than NYU Winthrop Hospital will supply training opportunities?

b. Provide a PLA from each hospital where the trainee will rotate.

Click here to enter text.
VII. IMPACT ON OTHER PROGRAMS – Include any shared educational resources and supervisory responsibilities the trainee in this program will have for other trainees. If there will be any such overlap with other programs, the program director[s] of such program[s] must review this proposal and provide written assent to this proposal.

Click here to enter text.

VIII. FINANCIAL IMPACT

a. Full costs of Program: Proposed budget for first 3 years of program, including costs of resident/fellow stipend (include stipend for benefits), faculty salary, outside speakers, research costs, recruitment costs, etc.

b. Source of trainees’ stipends and benefits

c. Revenues: Describe any proposed revenue for offsetting the above costs (grants, clinical revenues, etc.)

Click here to enter text.

Program Director Signature/Date  Core Program Director Signature/Date
(Proposed Program)  (If applicable)

Department Chair Signature/Date  Departmental Administrator/Date

IX. INSTITUTIONAL APPROVAL

1. DIO APPROVAL

   Approved ☐   Denied ☐   Date: Click here to enter a date.

   DIO Signature: ________________________________

2. GMEC RECOMMENDATION

   Approved ☐   Denied ☐   Date: Click here to enter a date.

   DIO Signature: ________________________________

X. CHECKLIST

☐ Application for New Residency/Fellowship Training Program
☐ Attachments
   ☐ Funding Source Confirmation
   ☐ Supporting Documentation (from other NYU Winthrop programs if applicable)