

**University of Missouri- Kansas City School of Medicine  
New Program or Increase in Program Size  
Request for Approval**

Due to the institutional caps on the number of trainees in ACGME or ADA accredited programs, it is necessary for the institution to monitor the number of residents and fellows training through the system. **Requests for new programs or requests for change in size of an existing program must be approved and signed by the Designated Institutional Official (DIO) before any changes can be requested from the RRC/ACGME. FAILURE to follow this requirement will result in the denial of such requests.**

Please complete the following information and return to the Office of Graduate Medical Education. Upon completion, the DIO will review and present the request to the Financial Advisory Committee (FAC). Once approved by the FAC, the request will be presented to the Graduate Medical Education Council (GMEC) for final recommendation and approval. Please note that the Program Director will be required to attend both the FAC and GMEC to respond to questions or concerns raised by each committee.

1. Program Name:

2. (A) Request for a change in the size of the program

OR

(B) Request for creation of a new program:

3. Number of positions currently approved by the RRC for this program:

4. If increase in slots is approved, what would be the number of PGY slots per year for the program?

5. Will this change require RRC approval?

6. Requested effective date:

7. Rationale for Request:

Include information such as anticipated benefits to the program and institutions.

8. RRC Requirements for Key Faculty:

Include the projected ratio of Faculty to Resident/Fellows per RRC requirement. If the increase requires additional faculty, provide the number of new faculty needed and the area of specialty.

9. Please prepare and attach as a separate document a business plan that outlines the financial aspects of the change in trainee positions at the affiliated institutions (Truman Medical Centers, Saint Luke's Hospital, Children's Mercy Hospital, Center for Behavioral Medicine or other). Include the names of all institutions to be used during training and the number of months and Resident/Fellow PGY level spent at each institution per year.

10. How will this affect current trainees (for existing programs only)?

11. Program Director Typed Name:

12. Program Director Signature:

13. Date:

14. Department Chair Typed Name:
15. Department Chair Signature:
16. Date:

FAC Approval Date:

GMEC Approval Date: