

CHANGE IN FTE AT AFFILIATES (INCLUDING ADDITION OF A NEW SITE):

1. Program Name:
2. What is the educational rationale for the request? If an ACGME accredited program, is the request related to a change in program requirements? If so, please provide the program requirement and how the current block diagram does not satisfy the requirement?:
3. If the program has not procured funding agreement, what steps has the program taken to try to resolve the issue:
4. If an ACGME accredited program, will a new clinical site and/or Program Letter of Agreement (PLA) be necessary for the proposed FTE change:
5. Please prepare and attach as a separate document that outlines the financial aspects of the requested FTE at the affiliated institutions (Truman Medical Centers, Saint Luke's Hospital, Children's Mercy Hospital, Center for Behavioral Medicine, VA, or Research Medical Center, or other). This should include written documentation of the affiliates agreement for funding (please contact UMKC Business Affairs for total cost of residents in your projections, including that the affiliates will agree to fund commiserate with annual GME total cost increases). 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 (include proposed block diagram and current block diagram). Review "ACGME Guide to Construction of Block Diagram" found on the GME Program Policies & Procedures page to assist you.

Department Chair Typed Name:
Signature:

Program Director Typed Name:
Signature:

Date of Submission to DIO:

FAC Approval Date:

GMEC Approval Date: