

NEW PROGRAM (NON-ACGME):

1. Program Name:
2. Anticipated academic year for start of program:
3. Will the program require other accreditation approval:
4. If so, please briefly provide any application deadlines and requirements:

5. Length of Training program:
6. Number of residents/fellows are you requesting:
7. Name of proposed Program Director:
 - Provide documents for PD approval per policy:
http://med.umkc.edu/docs/gme/policy_pdfs/Appointment_of_Residency_Program_Directors_and_Associate_Program_Directors.pdf
8. Number of Faculty for program and any requirements:
9. Briefly explain the rationale for Request (include rationale how such a program will benefit current programs and institutions):

10. Briefly explain how this new program could affect current trainees in other programs:

11. Please prepare and attach as a separate document a plan that outlines the financial aspects of the new program 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). 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: