

1. Program Name:
2. What is the educational rationale for the request?
3. If an ACGME accredited program, is the request related to a change in program requirements?
4. If yes, please provide the program requirement and how the current block diagram does not satisfy the requirement:
5. If the program has not procured funding agreement, what steps has the program taken to try to resolve the issue?
6. If an ACGME accredited program, will a new clinical site and/or Program Letter of Agreement (PLA) be necessary for the proposed FTE change?
7. Prepare and attach a separate financial plan that outlines the aspects of the new program at affiliated institutions. Include written documentation of the affiliate agreement for funding (gmefinservices@umkc.edu for estimating total cost of residents in your projections), confirm affiliates agree to fund commiserate with annual GME total cost increases). Include the names of all training locations and the number of months and PGY level spent at each location per year (proposed block diagram). If there are additional specialty-specific instructions, those can be found in ADS, on the "Sites" tab, under the "Block Diagram" section, and under on the Documents and Resources page of the specialty's section of the ACGME website.

Department Chair Name:

Program Director Name:

Signature:

Signature:

Date of Submission to DIO:

FAC Approval Date:

GMEC Approval Date: