1. Program Name:

2. Current number of trainees (ACGME program) listed on ADS "program" page:

3. Requested number of additional trainees per year:

4. Is this a temporary or permanent increase request?

5. Requested effective date for the increase:

6. If the request is approved, will NRMP or other Match program require an increase in quota size?

7. Will this increase require ACGME or other approval? If so, what will be required? https://www.acgme.org/ >Specialties>Documents and Resources>Requests for Changes in Resident Complement):

8. Will the request require consideration at a scheduled ACGME Review Committee meeting? (ACGME.org, horizontal tab "specialty," right side of page will show Executive Director contact)

9. For ACGME accredited programs, any need for additional core faculty per specialty program requirements? (specialty program requirements):

10. Rationale for Request (how will increase benefit current programs and institutions)?

11. Briefly explain how this request could affect current trainees in this and other programs:

12. 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: