INCREASE IN PROGRAM SIZE (COMPLEMENT INCREASE):

1. Program Name:

2. Current number of trainees (If an ACGME program, what is the current approved number of trainee which is listed on the ADS "program" page for your program):

3. Requested number of trainees:

4. Is this a temporary or permanent increase request:

5. If increase in positions is approved, what would be the number of PGY positions per year for the program:

6. Requested effective date for the increase:

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

8. For ACGME or other accredited programs, will this increase require ACGME or other approval? If so, what submission information will be required? (For ACGME program, go to ACGME.org and on web page search enter "complement change" followed by your specialty and describe required information):

9. Will the request require consideration at a scheduled ACGME Review Committee meeting (can be found on ACGME.org, horizontal tab "specialty", right side of page will show Executive Director to contact for answer):

10. For ACGME accredited programs, any need for additional core faculty per specialty program requirements (can be found in program requirements for your specialty):

11. Briefly explain the rationale for Request (include how such an increase will benefit current programs and institutions):

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

13. 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: Program Director Typed Name:
Signature: Signature:

Date of Submission to DIO: FAC Approval Date: GMEC Approval Date: