

Request for New Training Program

Program Name:

Program Director:

Program Coordinator:

Department Chair:

Specialty Program Director (if applicable):

Requested Effective Date:

Program Director Signature/Date:

Specialty Program Director Signature/Date:
(if applicable)

Department Chair Signature/Date:

Requests to for a new training program need review and approval by:

- 1) MUSC GMEC
- 2) ACGME/RRC

Requests to specific ACGME/RRC's must not be made until after approval by the MUSC GMEC. No resident or fellow should be hired or promised a position until there has been approval by each group noted above.

Please address all the questions/requirements on the next page in your request (This information is in addition to the PIF application for new programs). Send completed requests to Dr. Harry S. Clarke, Jr., Chairman, GMEC (c/o GME Office, room 202 MUH, MSC 333) at least two weeks prior to the GMEC meeting date where you would like this item considered.

The ACGME PIF application and cover letter must be sent to the GME Office no less than two weeks prior to sending it to the ACGME.

FOR GME OFFICE USE ONLY:

Date Received: _____

Approved by the GMEC: _____

PIF/Letter signed by the DIO: _____

Request for New Training Program

Rationale, Impact and Financing for New Program

1. What are the anticipated effects of your proposed program on other training programs at MUSC?
2. If your RRC or American Board have requirements for a certain number of rotations, clinical experience, number of producers, cases, etc., will there be adequate experiences to meet RRC and Board requirements?
3. Is there an adequate number of faculty for supervision of clinical activities?
 - Please provide a list of faculty and proposed schedule for supervision of trainees.
4. Assuming approval, what will the program look like for each year of training?
 - Include a block diagram by PGY year, for a model resident/fellow.
5. How will the program maintain an adequate balance of service vs. education?
6. How will the program meet the duty hours for each program year?
 - Please provide a copy of the schedule demonstrating compliance.
7. Are outside training sites needed to accommodate the educational needs of the trainees? If so:
 - List the additional sites.
 - You will be required to provide completed Affiliation Agreements prior to the start of the rotation.
8. How will additional positions be financed?
 - Please provide documentation.
9. Is there adequate space and resources (offices, desks, computers, labs, etc...) to accommodate the program?
 - Please provide a summary of necessary resources.
10. Is there adequate administrative support for the program and program director? Please describe departmental support for the program director and the training program.
11. How will the program meet the requirements for Scholarly Activity as defined by the ACGME?
 - Please provide a summary of faculty research activities.
 - Please describe how adequate research opportunities will be provided to trainees.
12. How will the educational goals of the program be met?
 - Please provide a copy of the educational goals and objectives.
 - Please provide a copy of the proposed conference schedule and topics covered.
13. Scope of Practice information
 - Please use the template found on the GME website (WEBSITE ADDRESS HERE) to complete a scope of practice for each PGY level.