

REQUEST FOR ADDITIONAL RESIDENT/FELLOWSHIP POSITIONS

Department _____
Program _____
Requestor _____
Program accredited by ACGME _____
Total number of positions approved for the program by the ACGME _____
Total number of positions approved for the program by the GMEC Committee _____
Total number of positions currently filled in the program _____.

Routing for support of the request prior to being submitted to the Table of Organization Subcommittee for approval: (please place initial indicating approval)
_____ Program Director
_____ Section Head
_____ Department Chair
_____ Dean of Medical School
_____ Hospital Administration (VP)
_____ Vice President of Finance (NCBH)
_____ Vice President of Finance (WFUSM)

REQUEST FOR ADDITIONAL RESIDENT/FELLOWSHIP POSITIONS:

_____	Number of additional positions requested <i>per year</i>
_____	Number of years in the program
_____	Total number of positions in the request (number of positions x number of years)

Funding requested from:
_____ NCBH
_____ WFUSM

Request for additional positions must be submitted with justification (attached documentation).

Criteria for justification will include at least:

1. Educational justification:

- _____ RRC Requirements
- _____ Caseload
- _____ ACGME accreditation
- _____ Teaching requirements
- _____ Research

DOCUMENTATION REQUIRED

2. Clinical justification:

- _____ Clinic visits
- _____ Inpatient Volumes for last 3 years
- _____ Procedure volumes for last 3 years

SUPPORT OF RESPECTIVE HOSPITAL ADMINISTRATION IS REQUIRED

3. Other:

- _____ Local Needs
- _____ Future progress for institution
- _____ National shortages

Please remember to attach all documentation required for the justification.