APPLICATION FOR APPROVAL OF NON-ACCREDITED GME FELLOWSHIP

The Graduate Medical Education Committee (GMEC) must formally approve any non-accredited fellowship in order for fellows to be under the oversight of the GME Committee. The fellowship must be approved before applicants can be accepted, credentialed, assisted with J-1 visa applications or other IMG issues, or before the fellowship can petition the GMEC for a licensure exemption if applicable.

Applications for non-accredited GME fellowships in specialty areas offering ACGME accreditation will not be considered. In such cases, fellowships must apply for ACGME accreditation.

Applications must be complete in order to be scheduled on a GME Committee agenda. Applications must be received by the 15th of the month in order to be on the following month’s agenda.

The requesting fellowship Program Director or appropriate designee may need to attend the scheduled GME Committee meeting to answer questions or respond to concerns (will be notified). The GME Director will notify the Program Director of the Committee’s approval or denial.

Please follow the instructions below to submit an application for GME Committee approval of a non-accredited fellowship.

I. Read the following GME Policies located on the GME web site (http://medicine.utah.edu/gme)
   (a) GME 14.2
   (b) GME 14.9

II. Submit a complete application package to the GME Director, Dr. Alan Smith, by the 15th of the month for the following month’s GME Committee agenda
   (a) Submit a letter using the attached template
      (1) Use the template as a check list
      (2) All numbered items must be included
      (3) Submit cover letter (completed template) with all attachments

III. GME Director will review application
     (a) Will advise if anything is incomplete or clarifications are needed
     (b) Will present request to Committee; will notify Program Director if presence is needed

IV. GME Committee will consider application
    (a) Program Director may need to be present
(b) GME Director will notify of Committee decision

V. The following cannot be considered until the non-accredited program has been approved
  (a) J-1 visa applications
  (b) Petitions for license exemption
  (c) Applicants cannot be accepted or credentialed
Dr. Smith,

The (name of program) fellowship program requests the approval of the Graduate Medical Education Committee. Approval is being requested for the purpose of having fellows under the oversight of the GME Committee. The (name of program) fellowship program understands that it must meet GME Committee requirements and will also be under that Committee’s oversight.

1. **Program Description**
   A complete program description consistent with ECFMG requirements is attached to this letter.
   (Attach program description, on department letterhead, signed by Program Director. A full outline of ECFMG Program Description Guidelines is found in policy GME 14.9 page 8.)

2. **Educational Rationale**
   (Please describe here the educational rationale for your program and the reason you wish to formalize the program under GME oversight. Do not include service needs.)

3. **Program Curriculum**
   (You may attach a completed curriculum, or you may describe the curriculum here. Curriculum must include goals and objectives for the program. The GME Committee will maintain specific expectations for the educational content and quality of the program commensurate in their scope and general content with relevant portions of the ACGME Common Program Requirements found at [www.acgme.org](http://www.acgme.org).)

4. **Program Policies**
   Department-specific policies for “Resident Duty Hours in the Learning and Work Environment” and “Moonlighting” are attached. The GME Office will be notified when these policies are revised.
   (The two policies listed above are required as they are referred to in the House Officer Contract. Develop policies specific to your department requirements. To develop and write your own policies, you may refer to GME policies 6.4 and 10.1 in the GME Policy Manual at [www.medicine.utah.edu/GME](http://www.medicine.utah.edu/GME).)
5. **Training Schedule**
   A training schedule with rotation locations is attached.
   (Attach rotation schedule.)

6. **Faculty List**
   A list of supervising faculty, by location, is attached.
   (Attach a list of supervising faculty by location.)

7. **Description of Eligibility Criteria**
   (You may attach an Eligibility/Selection policy for your program, or you may describe your eligibility criteria here. If your program will accept international medical graduates who may not meet the same criteria as US medical graduates, be sure to describe your eligibility requirements in general terms that will not exclude applicants you wish to consider.)

8. **Funding**
   (Describe here how your program will fund fellows. Funding must include stipend, benefits, and malpractice insurance if applicable. External sources of funding such as industry non-restricted educational grants, foreign government funding, etc., must be fully described.)

9. **Approval from Department Chair**
   A letter of approval from the Department Chair is attached.
   (Attach a letter of approval from your Department Chair, signed on department letterhead.)

10. **Program Director and Program Coordinator**
    (List here the names and contact information for the Program Director and the Program Coordinator.)

11. **Program Letters of Agreement**
    Training Agreements for our primary training sites are attached.
    (Attach Program Letters of Agreement for all training sites. A formal training agreement is required for every site. Templates for training agreements can be found on the GME web site at http://medicine.utah.edu/gme/. The GME Office will be happy to assist with any questions regarding Program Letters of Agreement.)

If additional information or clarification is required by the GME Committee, please contact me. I look forward to hearing the Committee’s decision regarding approval of the (name of program) fellowship. Thank you for your consideration.

Sincerely,

(Signature of Program Director)
(Name and contact information)