

INSTRUCTIONS/PROCESS GUIDE

**FOR A PROGRAM DIRECTOR
COMPLETING AN APPLICATION FOR ACGME ACCREDITATION
DURING THE TRANSITION TO A SINGLE GME ACCREDITATION SYSTEM**

**Please note that this is NOT an application form!
Information must be entered directly online
through the ACGME's Accreditation Data System (ADS).**

The content in this document was last updated November 1, 2017.

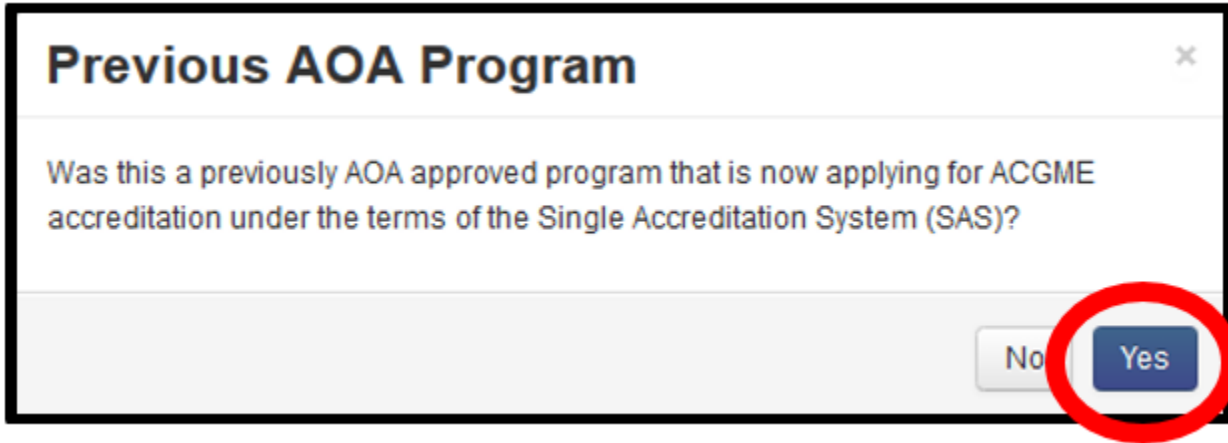


Introduction: Before beginning the application process, please review the applicable Program Requirements and FAQs available on the specialty Review Committee’s web page, and contact the Review Committee Executive Director with any questions regarding the Requirements or the application process.

STEP 0: Initiate Application / Enter Basic Information (to be completed by the DIO)

Initiate Application

To initiate an application for a previously approved AOA program under the terms of the Single Accreditation System, first click “Yes.”



Then enter the six-digit previous AOA Program ID:

If the AOA program associated with the ID was not AOA-approved on July 1, 2015 an error message will appear. Programs approved by the AOA after July 1, 2015 will need to apply through the normal ACGME process.

*The DIO **must** click “Yes” and enter the six-digit AOA Program ID for the program.*

Enter Basic Information

What is the planned start date for the first class of residents/fellows?

If there are residents/fellows currently enrolled in the program, it is suggested that the program enter July 1 of the current academic year. The Review Committee will determine whether Initial Accreditation will be effective on the date that the decision to grant Initial Accreditation is made or July 1 of the academic year in which the decision is made.

Length of accredited resident/fellow training (in years):

(This drop-down menu is limited to only the appropriate responses. For example, an anesthesiology program can be three years or four years in length, depending on whether the clinical base year is incorporated into the program. For internal medicine, the program can only be three years, so only “3” will be available in the drop-down menu.)

Does this program currently have residents/fellows? (Yes/No)

The answer to this question will trigger one of the following for Step 10.

Yes = Your DIO has indicated that there are residents/fellows within this program. Data must be provided for the residents/fellows currently participating in the program.

No = The DIO has indicated the program does not have current residents/fellows.

DIO / Program Director Steps

STEP 1: Select the Participating Sites (to be initiated by the DIO and completed by the Program Director):

1. Provide the following information for each site.

Note: The DIO will need enter only one site to initiate the application; other sites may be added, and information may be edited, throughout the application process (prior to submission).

Site Name:

Primary Teaching Site: (Yes/No)

Required Rotation: (Yes/No)

Do all residents rotate through this site? (Yes/No)

Program Letter of Agreement (PLA) exists between program and site? ((Yes/No/NA)

Rotation Months (by level)

Y1:

Y2:

Y3:

Distance to Primary Teaching Facility:

Miles:

Minutes:

Briefly describe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact):

Comments:

If the total number of rotation months per year does not equate to 12 months (for all sites combined), provide an explanation:

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STEP 2: Select the Program Director (to be initiated by the DIO and completed by the Program Director)

General Information

Salutation:
First Name:
Middle Initial:
Last Name:
Suffix:
Degrees:
Program Specific Title:
E-mail address for communicating with ACGME:
National Provider ID:
Secondary email address to be used in user profile:
Phone Number:
Extension:
Fax Number:
Primary Institution (dropdown populated by sites entered in Step 1):
Date First Appointed Faculty Member in this program:
Date First Appointed Program Director:
Term of Appointment:
Year Started Teaching in this Specialty:
Is also Chair of Department? (Yes/No)

Medical School

Type of medical school (US-LCME-Accredited, COCA-Accredited, Canadian, International, or US non-accredited):
Please select country (drop-down of countries if International is selected for type above):
Available medical schools (drop-down based on type/country selected above):
Medical School Graduation Year:
Other School Name (if not listed in dropdown above):

Specialty Certification

Certification Type: (ABMS, AOA, RCPSC, or Other):
Specialty:
Other Specialty: (List all specialty certifications—there is no limit—and include the following information for each.)
If applicable, include multiple certifications for the same specialty, such as certification by an American Board of Medical Specialties (ABMS) member board or an AOA certifying board.
Original Certification Year:
Certification Status (Re-Certified, Original Currently Valid, Lapsed, Time-Unlimited/No Recert, Meets MOC):
Year Re-Certified: (enter most recent past, not next upcoming):
Explain Equivalent Qualifications for RRC Consideration:

Faculty Hours

Number of hours per week faculty member devotes to this program's activities in the following:

Clinical supervision of residents	<input type="text"/>
Administration of the program	<input type="text"/>
Research/scholarly activity with residents	<input type="text"/>
Didactics/teaching with residents	<input type="text"/>
Total hours devoted to this program	<input type="text"/>

Note: After the DIO completes the information through Step 2, an e-mail is sent to the program director with an ADS link and program director login details. The program director then reviews and confirms the information, allowing access to all subsequent steps (which need not be completed sequentially). More information for the program director will be entered later—see Step 9.

Program Director Steps

STEP 3: Update Program Details

Be sure to update the basic program information, including the address.

Note: This information will be displayed on the ACGME public site.

1. Program Information

Address line 1:

Address line 2:

Address line 3:

City:

State: (drop down of states in the United States)

Zip code:

Website Address:

Public Contact e-mail/Director's external e-mail:

2. Accreditation Information

Program requires dedicated research year beyond accredited program length? (Yes/No)

Program requires prior or additional accredited GME training? (Yes/No)

Number of Prior or Additional Accredited GME Training Years:

STEP 4: Add Other Program Personnel

You are required to enter at least one program coordinator (max. 2). You may also add a co-program director, **(if the program director is not certified by an ABMS member board)**, and a Department Chair.

Coordinator 1

Salutation:
First Name:
Middle Initial:
Last Name:
Suffix:
Degrees:
Title:
Phone Number:
Extension:
Fax Number:
E-mail Address:

Coordinator 2 (optional)

Salutation:
First Name:
Middle Initial:
Last Name:
Suffix:
Degrees:
Title:
Phone Number:
Extension:
Fax Number:
E-mail Address:

Department Chair (optional)

Salutation:
First Name:
Middle Initial:
Last Name:
Suffix:
Degrees:
Title:
Phone Number:
Extension:
Fax Number:
E-mail Address:

STEP 5: Update ACGME Requested/Filled Resident Positions

Enter the number of resident positions being requested, as well as the number of currently filled positions.

Number of ACGME Requested Positions:

Number of Filled Positions:

STEP 6: Update Duty Hour Info

DUTY HOUR, PATIENT SAFETY, AND LEARNING ENVIRONMENT

1. Briefly describe your back-up system when clinical care needs exceed the residents' ability.
2. Briefly describe how clinical assignments are designed to minimize the number of transitions in patient care.
3. Briefly describe how the program director and faculty evaluate the resident's abilities to determine progressive authority and responsibility, conditional independence and a supervisory role in patient care.
4. Excluding call from home, what is the projected averaged number of hours on duty per week per resident, inclusive of all house call and all moonlighting?
5. During regular daytime hours, indicate which of the following back-up systems your program will have in place when clinical care needs exceed the resident's ability. Check up to 3 options.
 - Physicians are immediately available (on site)
 - Physicians are available by phone
 - Senior Residents or Fellows are immediately available (on site)
 - Senior Residents or Fellows are available by phone
 - Mid-level Providers are immediately available (on site)
 - Mid-level Providers are available by phone
 - No back-up system
 - Other (specify below)
6. During nights and weekends, indicate which of the following back-up systems your program will have in place when clinical care needs exceed the resident's ability. Check up to 3 options.
 - Physicians are immediately available (on site)
 - Physicians are available by phone
 - Senior Residents or Fellows are immediately available (on site)
 - Senior Residents or Fellows are available by phone
 - Mid-level Providers are immediately available (on site)
 - Mid-level Providers are available by phone
 - No back-up system
 - Other (specify below)
7. Indicate which methods the program will use to ensure that hand-over processes facilitate both continuity of care and patient safety? Check all that apply.
 - Hand-over form (a stand-alone or part of an electronic medical record system)
 - Paper hand-over form
 - Hand-over tutorial (web-based or self-directed)
 - Scheduled face-to-face handoff meetings
 - Direct (in person) faculty supervision of hand-over
 - Indirect (via phone or electronic means) hand-over supervision
 - Senior Resident supervision of junior residents
 - Hand-over education program (lecture-based)
 - Other (specify below)

8. Indicate the ways that your program will educate residents to recognize the signs of fatigue and sleep deprivation. Check all that apply.
- Didactics/lecture
 - Computer based learning modules
 - Grand rounds
 - Small group seminars or discussion
 - Simulated patient encounters
 - On-the-job training
 - One-on-one experiences with faculty and attending
 - Other (specify below)
9. Which of the following options will the program or institution offer residents who may be too fatigued to safely return home? Choose the most frequently used option.
- Money for taxi
 - Money for public transportation
 - One-way transportation service (such as a dedicated facility bus service)
 - Transportation service which includes option to return to the hospital or facility the next day
 - Reliance on other staff or residents to provide transport
 - Sleeping rooms available for residents post call
 - Not applicable: residents do not take in-house call
 - Other (specify below)
10. Will residents at the PGY-2-level or above be permitted to moonlight? (Yes/No)
11. If yes, under what circumstances?
12. On average, will residents have one full day out of seven free from educational and clinical responsibilities? (Yes/No)
13. What will be the maximum number of consecutive nights of night float assigned to any resident in the program?
14. On the most demanding rotation, what will be the frequency of in house call?
 If residents at different levels are given different frequencies of in-house call, please choose the most frequent schedule.
- Every second night
 - Every third night
 - Every fourth night
 - No in-house call – Not Applicable
 - Other (specify below)
15. Will the program use ambulatory and/or non-hospital settings in the education of residents (experiences other than inpatient)? (Yes/No)
16. If yes, indicate the type of settings that will be used. Check all that apply.
- Hospital-Based Continuity Clinic
 - Community or Federal Public Health Centers
 - Ambulatory Surgery Centers (Surgical or specialty centers)
 - Veterans Administration (VA) Ambulatory Services
 - Faculty Ambulatory Practice, Institutionally-Based
 - Private Physician's Offices
 - Ambulatory / outpatient settings
 - Other (specify below)

17. Do you use an electronic medical record in your primary teaching hospital? (Yes/No)
18. If yes, what percentage of your residents will use the electronic medical record system to improve the health in a population of patients (e.g., determining the appropriate protocol for a specific chronic illness stage, assessing symptoms or treatment patterns in ambulatory clinic, improving preventive care, etc.)?
19. As program director, I attest that the resident/fellow are scheduled to meet the work week limit of 80 hours. (Yes/No)
20. What are your program's top priorities for improving the learning and working environment for resident/fellows during the current academic year? Check up to 4 options
- Enhancing peer and social support networks for trainees
 - Increasing trainee access to medical/dental health services
 - Increasing trainee access to counseling/mental health services
 - Encouraging trainee healthy lifestyle
 - Addressing trainee workload/work compression
 - Promoting resilience in trainees
 - Teaching relaxation and/or mindfulness
 - Improving faculty mentoring and support for trainees
 - Offering trainee peer counseling, Balint or Balint-like groups
 - Other (specify below)
21. Briefly describe how the program and sponsoring institution are addressing the priorities in the previous question
250 word maximum

STEP 7: Update Additional Application Questions

PROGRAM RESOURCES

1. How will the program ensure that faculty (physician and non-physician) have sufficient time to supervise and teach residents? Please mention time spent in activities such as conferences, rounds, journal clubs, etc., if relevant.
2. Briefly describe the educational and clinical resources available for resident education. (The answer must include how specialty specific reference materials are accessible. It should also include resources provided by the program and the institution.)

RESIDENT APPOINTMENTS

**The term resident is used to describe any physician in graduate medical education; this includes interns, residents, subspecialty residents, and fellows.*

3. Describe how the residents will be informed about their assignments and duties during residency. [The answer must confirm that there are goals and objectives for each assignment and for each year, and that these will be readily available (hard copy, electronically, listserv, etc.) to all residents.]
4. Will there be other learners (including, but not limited to, residents from other specialties or other programs in the same specialty, subspecialty fellows, nurse practitioners, PhD or MD students) in the program, sharing educational or clinical experiences with the residents? If yes, describe the impact those other learners will have on the program's residents.
5. Describe how the program will handle complaints or concerns the residents raise with faculty or the program director. (The answer must describe the mechanism by which individual residents can address concerns in a confidential and protected manner, as well as steps taken to minimize fear of intimidation or retaliation.)

RESIDENT SCHOLARLY ACTIVITIES

6. Will the program offer residents the opportunity to participate in scholarly activities? If yes, briefly describe the opportunity and the expectations about residents' participation. (The answer must include which research skills are taught in the curriculum).

CLINICAL COMPETENCY COMMITTEE

7. List the members of the Clinical Competency Committee (CCC) including their role in the program:

8. Describe the Clinical Competency Committee's responsibilities:

PROGRAM EVALUATION COMMITTEE

9. List the members of the Program Evaluation Committee (PEC) including their role in the program:

10. Describe the Program Evaluation Committee's responsibilities:

STEP 8: Overall Evaluation Methods

1. Will the program have a system in place to evaluate the resident/fellows' abilities to determine whether they may take on progressive authority and responsibilities in patient care? (Yes/No)
2. Indicate how evaluators are educated to use the assessment methods listed above so that residents/fellows are evaluated fairly and consistently. Select up to 3 of the most commonly used methods.
 - Workshops/special training on assessment
 - Informal or formal discussions among the faculty
 - Assessment is a topic of a retreat
 - Faculty review assessments and compare evaluations
 - Program director instructs or educates about assessment methods
 - Group or committee discussions that result in consensus assessment of residents
 - None, no specific education on assessment provided
 - Other (specify below)

Specify only if "Other" is selected

3. Indicate how residents/fellows will be informed of the performance criteria on which they will be evaluated. Check all that apply.
 - During resident orientation
 - General goals and objectives
 - Rotation-specific goals and objectives
 - Provided handouts or examples of evaluation forms
 - Other written communications
 - Verbal communication or meetings
 - Reviewed with residents before each rotation
 - Reviewed with residents at the beginning of each year
 - Residents not informed
 - Other (specify below)

Specify only if "Other" is selected

4. Has a Clinical Competency Committee been selected to perform resident/fellow evaluations? (Yes/No)
5. Describe the system which ensures that faculty will complete written evaluations of residents/fellows in a timely manner following each rotation or educational experience.

STEP 9: Update Faculty Info

Enter the key faculty within your program. In addition, complete a CV for any physician or non-physician faculty member that requires one (a “View/Edit CV” button will appear next to faculty members requiring a CV). Please review the Physician and Non-Physician Faculty Definition on the “Faculty” tab for further clarification on which faculty members to enter into your roster.

You will not see a green check mark on this step. The total number of faculty members entered will differ for each new program.

Physician Faculty Instructions

***Note: Only some of this information (General Information, Medical School, Specialty/Field, and Faculty Hours) was entered for the Program Director in Step 2. The rest of the information should be entered as part of Step 9).**

List alphabetically and by site all physician faculty who have a significant role (teaching or mentoring) in the education of residents/fellows and who have documented qualifications to instruct and supervise. List the Program Director first.

All physician faculty must:

- Devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and demonstrate a strong interest in resident education;
- Administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas;
- Participate in faculty development programs designed to enhance the effectiveness of their teaching and to promote scholarly activity;
- Establish and maintain an environment of inquiry and scholarship with an active research component;
- Regularly participate in organized clinical discussions, rounds, journal clubs, and conferences;
- Encourage and support residents in pursuing scholarly activities.

A portion of the faculty must be indicated as core physician faculty. All physicians who devote at least 15 hours per week to resident education and administration are designated as core faculty. All core physician faculty should teach and advise residents as well as participate in at least 1 of the following:

- Evaluate the competency domains;
- Work closely with and support the program directors; and
- Assist in developing and implementing evaluation systems.

Program directors will not be designated as core faculty.

Continued Accreditation programs: A CV is only required for the program director.

New Applications and Initial Accreditation programs: A CV is required for the program director and each active physician faculty member that has been designated as a “Core” faculty member on your roster.

General Information

Salutation:

First Name:

Middle Initial:

Last Name:

Suffix:

Degrees:

Program Specific Title:

E-mail address for communicating with ACGME:

National Provider ID:

Primary Institution (drop-down populated by sites entered):

Date First Appointed Faculty Member in this program:

Year Started Teaching in this Specialty:

Is also Chair of Department?

Medical School

Type of medical school (US-LCME-accredited, COCA-accredited, Canadian, International, or US non-accredited):
Please select country (drop-down of countries if International is selected for type above):
Available Medical Schools (drop-down based on type selected above):
Name of medical school (drop-down based on type/country selected above):
Medical School Graduation Year:
Other School Name (if not listed in drop-down above):

Specialty Certification

Specialty:
Other Specialty: (List all specialty certifications—there is no limit—and include the following information for each.)
Certification Type (ABMS, AOA, RCPSC, or Other):
Original Certification Year:
Certification Status (Re-Certified, Original Currently Valid, Lapsed, Time-Unlimited/No Recert, Meets MOC):
Re-Certification Year (enter most recent past, not next upcoming):
Explain Equivalent Qualifications for Review Committee Consideration:

Faculty Hours

Number of hours per week faculty member devotes to this program's activities in the following:
Clinical supervision of residents
Administration of the program
Research/scholarly activity with residents
Didactics/teaching with residents
Total hours devoted to this program

Faculty CV

Graduate Medical Education

Program Name:
Specialty:
From: (date)
To: (date)

Licensures

State / Province:
Expiration:

Academic Appointments

Please list the past 10 years of academic appointments (employment), beginning with your current position.
Name: (of position)
From: (date)
To: (date) If the Appointment is held presently, leave this date empty.

Concise Summary of Role/Responsibilities in Program

Current Professional Activities / Committees

Please list up to 10 activities and committees within the past five years.
Name: (of activity)
From: (date)
To: (date) If the Appointment is held presently, leave this date empty.

Bibliographies

Please list the most representative Peer-Reviewed Publications / Journal Articles from the **last five years**, with a **limit of 10**. Separate entries with a double line break. Do not leave blank. If none, please enter NONE.

Articles

Please list selected review articles, chapters, and/or textbooks from the **past five years**, with a **limit of 10**. Separate entries with a double line break. Do not leave blank. If none, please enter NONE.

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants

Please list participation in local, regional and national activities/presentations from the **past five years**, with a **limit of 10**. Separate entries with a double line break. Do not leave blank. If none, please enter NONE.

This does not include attending a meeting or conference.

Non-Physician Faculty Instructions

List alphabetically the non-physician faculty who provide required instruction or supervision of residents/fellows in the program.

A CV is required for each non-physician faculty member on your roster.

STEP 10: View/Update Residents

Add new residents by selecting "Add Resident" from the upper right-hand corner on the Resident tab.

You will not see a green check mark on this step. The total number of residents entered will differ for each new program.

1. Resident Information

First Name:

Middle Initial:

Last Name:

Suffix:

Social Security Number:

Date of Birth:

National Provider ID:

Type of medical school from which this resident graduated: (Pick one)

- US-LCME Accredited Medical School
- COCA Accredited College of Osteopathic Medicine
- Canadian Medical School
- International Medical School
- US Non-Accredited Medical School

Available Medical Schools: (Choose from drop-down list based on the response to "type of medical school").

Month/Year Degree Received:

2. Resident Status (Pick one)

- Active Full-time
- Active Part-time
- Started Program Off-Cycle

3. Resident Details

Type of Position: (Preliminary or Categorical)

Preliminary Designated Positions: Positions for residents who have already been accepted into another specialty, but who are completing prerequisites for that specialty (see Program Requirements for Surgery).

Preliminary Non-Designated Positions: Positions for residents who at the time of admission to a program have not been accepted into any specialty (see Program Requirements for Surgery).

Categorical: A resident who enters a program with the objective of completing the entire program.

Year in Program:

E-mail Address:

Start Date:

Expected Completion:

Did this resident have prior training in another accredited/approved program (other than in this program)? (Yes/No)

If yes, enter years of most recent training in accredited/approved program:

Identify the type of most recent training: (Pick one)

- ACGME Accredited
- AOA Accredited
- RCPCS Accredited
- ACGME-I Accredited

Did this resident start the program in year one (at the beginning of the program - no transfer credit)? (Yes/No)

Gender:

Ethnicity:

4. Comments

If you would like to make comments concerning any additions/changes to the above information, please enter it in the box below:

STEP 11: Download and Complete the Specialty-Specific Application

Download and complete the MS Word specialty-specific application document from the ACGME website for your specialty.

Once completed, convert it to a PDF to be uploaded with the other application attachments in Step 12.

STEP 12: Upload Application Attachments

Application Upload Instructions

1. Click “**select a file to upload**” and select the file from your computer.
2. After you have chosen the file, click the “**Upload**” button.

Uploaded files must be:

- PDF format
- No larger than 10MB

To reduce file size:

- Open the PDF file on your computer and select the "File" menu
- Find the "Save As Other" option and choose "Reduced Size PDF"

References to Common Program Requirements (CPR) and Institution Requirements (IR) for each requested attachment are indicated within brackets.

Uploads

Attachment: Policy for Supervision of Residents

Policy for supervision of residents (addresses residents’ responsibilities for patient care and progressive responsibility for patient management and faculty responsibilities for supervision). [IR III.B.4]; IR IV.I – IV.I.2.]

Attachment: Program Policies and Procedures

Program policies and procedures for resident clinical experience and education, including policies on moonlighting. [CPR II.A.4.j; CPR VI.G; IR IV.J]

Attachment: Overall Educational Goals

Overall educational goals for the program. [CPR IV.A.1]

Attachment: Competency Goals and Objectives

A sample of competency-based goals and objectives for one assignment at each educational level [CPR IV.A.2],

Attachment: Letters of Agreement

All Program Letters of Agreement (PLAs) with participating sites. [CPR I.B.1]

Attachment: Semiannual and Summative Evaluations

A blank copy of the form that will be used to document the semiannual evaluation of the residents with feedback. [CPR V.A.2.b.(4)], and a blank copy of the final (summative) evaluation of residents, documenting performance during the final period of education and verifying that the resident has demonstrated sufficient competence to enter practice without direct supervision. [CPR V.A.3]

Attachment: Program-specific Evaluation Tools

Copies of tools the program will use to provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. [CPR V.A.2.b.(1)]

For multiple tools, create one PDF.

Attachment: Forms Used for Faculty and Program Evaluation

Blank copies of forms that residents will use to evaluate the faculty and the program. [CPR V.B.3; CPR V.C.2.d.(1)]

Attachment: Sample Block Diagram

Provide a sample block diagram for each year of training. Use number of months for each block rotation. *General block diagram instructions and samples are provided in ADS.* **Note:** There may be specialty-specific block diagram instructions on the individual Review Committee web pages.

Attachment: Specialty-specific Application Questions

****Note:** this same application template is used when preparing for the site visit at the end of the initial accreditation period.

Complete the Specialty-specific Application and upload it here. This document can be found under the "Application for Accreditation" heading on the applicable specialty Review Committee's page on the ACGME website.

STEP 13: Review Application

Please review and print a copy of your application for your records. Enter any missing information that has not yet been entered. You will not be able to submit your application if any of the above steps are incomplete or there is information missing on your application.

STEP 14: Verify and Submit Application to DIO

After clicking “Verify Application and Submit to DIO” button in the header, your application will be submitted to your DIO for review and final submission. After verification, the DIO will electronically submit the application to the ACGME. Applications can only be submitted to the DIO by the Program Director. Program coordinators cannot submit new applications. **(The Review Committee does not have access to the application until it has been submitted by the DIO).**

Once the DIO has submitted the application to the ACGME for final review, it cannot be changed, altered, or amended.

Please contact your [Review Committee Executive Director](#) with questions. Contact information for additional Review Committee staff is provided on the specialty web page on the ACGME website.