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**Graduate Medical Education**

**Proposal for a New or Additional Training Site**

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| Title of Program | Click here to enter text. |
| 10-digit ACGME Program ID # | Click here to enter text. |

1. State whether this is a proposal for an additional site or for relocation of an existing facility. Give the rationale for opening an additional or new site and the proposed date of implementation.

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| Click here to enter text. |

2. If this is a relocation from an existing site, explain whether the patient population will remain the same or the residents’ continuity experience will be interrupted.

If this is a proposal for an additional site, explain how many and in what years of training residents will be assigned.

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| Click here to enter text. |

3. Will the addition of this site have a negative impact on the program? If so, explain.

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| Click here to enter text. |

4. Will the addition of this site affect the number of funded positions for the program? If so, explain.

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| Click here to enter text. |

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| Name of Center | Click here to enter text. |
| Address | Click here to enter text. |
| Number of Residents that will be Assigned to this Site by PGY (e.g., 2-2-2) | Click here to enter text. |
| Name of Site Director | Click here to enter text. |
| List names of faculty who will precept trainees | Click here to enter text. |