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**USF HEALTH - Graduate Medical Education**

# REQUEST FOR CHANGE IN PROGRAM DIRECTOR *ACGME Programs ONLY*

**BASIC INFORMATION**

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| --- | --- |
| Program Name: | Click here to enter text. |
| CURRENT Program Director: | Click here to enter text. |
| Will the current Program Director remain in the program as teaching faculty? | Yes  No |
| Program Accreditation Status: | Click or tap here to enter text. |
| PROPOSED Program Director: | Click here to enter text. |
| E-mail: | Click here to enter text. |
| Phone Number: | Click here to enter text. |
| Start Date for Proposed Program Director: | Click here to enter text. |
| Appointment is (check one): | Interim  Permanent |
| Year Proposed Program Director Started Teaching in Graduate Medical Education (GME): | Click here to enter text. |
| Date Proposed Program Director first appointed as faculty member in the department: | Click here to enter text. |
| Explanation of why the current PD is stepping down: | |
| Click here to enter text. | |

**PERSONAL STATEMENT / QUALIFICATIONS**

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| --- |
| Please describe how your experience makes you well suited for a role as Program Director. Summarize your qualifications, including prior experience as a Program Director, APD, Site Director, Core faculty, or other educational leadership roles. |
| Click here to enter text. |
| Provide list of faculty development activities you have participated in the last 3 years related to Graduate Medical Education. |
| Click or tap here to enter text. |
| If applicable, do you meet the ACGME and/or program specific RRC requirements for Program Director *(see section II.A.3. in the specialty specific ACGME requirements)?* Please explain. |
| Click or tap here to enter text. |

**ATTACHMENTS**

|  |  |
| --- | --- |
| * Current CV of proposed Program Director   *Must include education and training (institution/location, degree, MM/YY and field of study), peer-reviewed publications/manuscripts.* |  |
| * Letter of support by Chairman |  |
| * Any other supporting documents as required by ACGME Review Committee |  |

**GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) APPROVAL**

|  |  |
| --- | --- |
| Date to be presented at the GMEC  [*See GMEC Meeting Dates*](https://health.usf.edu/medicine/gme/gmec) | Click or tap to enter a date. |
| Who will be presenting this request at the GMEC? | Click or tap here to enter text. |
| Contact DIO administrator to schedule 2 meetings with first one within 3 months of GMEC approval and the following December.  *Note: PD and DIO meeting needs to be scheduled prior to GMEC submission.* | Meeting Date 1 ADD MEETING 2  Click or tap to enter a date. |
| Please review prior to GMEC Vote: | |
| [Review GME Program Leadership Virtual Handbook](https://usf.box.com/s/ib8aihy0j3jopgy9wlijdn74o0r04swp)  [Review Checklist for New Program Director](https://usf.box.com/s/610kdmf9i8msxmye5dkslngepn8enxvi) | |

Signatures at the bottom of the form by all parties acknowledge and agree to the following:

* The Program Director will be provided with protected time for the administration of the program that meets (or exceeds) ACGME Requirements. Protected administrative time does not include clinical activities or resident supervision in the hospitals.
* All new Program Directors must attend the GME New Program Director Boot camp.
* All Program Directors must attend the Program Director Retreat.
* ACGME requires that programs demonstrate retention of the Program Director for a length of time adequate to maintain continuity of leadership and program stability*.*
* Final approval of the program director resides with the ACGME Specialty Review Committee.
* I read and understand the program director’s responsibilities as described in the ACGME Program Requirements section II.A.4.

|  |  |  |
| --- | --- | --- |
|  | Signature | Date |
| **CURRENT** Program Director’s Signature |  |  |
| **PROPOSED** Program Director’s Signature |  |  |
| Department Chair’s Signature |  |  |

**Return Completed forms to**:

Cuc Mai, MD

Sr. Associate Dean, Graduate Medical Education/DIO

17 Davis Blvd., Suite 315

Tampa, FL 33606

(*or via e-mail to* [Submitt.el37cwuc4o6n9uwv@u.box.com](mailto:Submitt.el37cwuc4o6n9uwv@u.box.com))

*GME Internal Use ONLY*

**GME DOCUMENTATION / PROCESS**

|  |
| --- |
| Proposed Program Director is ABMS certified (Specialty: Click or tap here to enter text.) |

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| Current Florida License verified  ACGME Qualification Requirements met  Confirmed USF faculty appointment |

Approved by GMEC: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entered into WebADS (as applicable): Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by ACGME RRC (as applicable): Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_