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**USF HEALTH - Graduate Medical Education**

# REQUEST FOR CHANGE IN PROGRAM DIRECTOR

# *Non-ACGME Programs ONLY*

**BASIC INFORMATION**

|  |  |
| --- | --- |
| 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: | [ ]  Other Accreditation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Accreditation Exempt |
| 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 |
| *Note: Proposed Program Director should continue in his/her position for a length of time adequate to maintain leadership continuity and program stability.* |
| Date Proposed Program Director first appointed as faculty member in the department: | 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, other educational leadership positions held, involvement in a training program, etc. |
| Click here to enter text. |
| As applicable, do you meet the requirements for Program Director for your accrediting body? Please include accrediting body requirements.  |
| Click or tap 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. |

**ATTACHMENTS**

|  |  |
| --- | --- |
| * Current CV of proposed Program Director
 | [ ]   |

**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 Meeting? | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
|  | 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)

*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 |

[ ]  Approved by GMEC: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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