


<b>Name of Policy:</b>	<b>GME: Communication with the ACGME</b>	 <b>Reviewed/Revised: 11/01/22</b> <b>Original effective date: 06/07/11</b>	
<b>Policy Number:</b>	<b>3364-86-044-00</b>		
<b>Approving Officer:</b>	<b>Dean, College of Medicine and Life Sciences</b>		
<b>Responsible Agent:</b>	<b>Director, Graduate Medical Education</b>		
<b>Scope:</b>	<b>UT College of Medicine Residency Programs</b>		
	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
	Major revision of existing policy		Reaffirmation of existing policy

POLICY

All communication with the ACGME by the Program Director must be reviewed and approved by the Sponsoring Institution’s GMEC and/or DIO before submitting information or requests to the ACGME.

PURPOSE

To ensure that all communications and documents submitted to the ACGME are complete and accurate.

PROCEDURE

The Graduate Medical Education Committee (GMEC) and/or DIO must review and approve information prior to submission to the ACGME by Program Directors for the following:

- All applications for ACGME accreditation of new programs;
- Requests for permanent changes in resident/fellow complement;
- Major changes in program structure or duration of education, including any change in the designation of a program’s primary clinical site;
- Additions and deletions of each of its accredited programs’ participating sites;
- Appointment of Program Directors;
- Progress reports requested by the Review Committee;
- Responses to Clinical Learning Environment Review (CLER) reports;
- Requests for exceptions to clinical and educational work hour requirements;
- Voluntary withdrawals of ACGME-;accreditation or recognition;
- Requests for appeal of an adverse action by a Review Committee;
- Appeal presentations to an ACGME Appeals Panel;
- Any additional requirements as further specified by the Review Committee

Obtain DIO review and co-signature on all program application forms, as well as any correspondence or document submitted to the ACGME that addresses:

- Program citations, and/or,
- Request for changes in the program that would have significant impact, including financial, on the program or institution

<p>Approved By:</p> <p><u>/s/ Shaza Aouthmany, M.D.</u> Chair, Graduate Medical Education Committee</p> <p><u>/s/ Christopher Cooper, M.D.</u> Dean, College of Medicine and Life Sciences</p> <p><i>Review/Revision Completed by: Graduate Medical Education Committee</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Initial effective date: 6/7/2011</p> <p>Review/Revision Date: <i>Reviewed 6/4/13, Reviewed 6/2/15, Revised 10/3/17, Revised 11/5/19, Reviewed 11/2/21, Revised 11/1/22</i></p> <p>Next review date: 11/ 2024</p>
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**Note:** The printed copy of this policy may not be the most current version; therefore, please refer to the policy website (<http://utoledo.edu/policies>) for the most current copy.