**GMEC Program Development/Expansion Subcommittee**

**Complement Increase Request**

* Name of Program:
* Name of Program Director:
* Current # of ACGME-total approved positions:
* Current # of total Resident/Fellow positions in the Program**:**
* Current # of funded positions in the Program:
* # of additional positions being requested:
* If request is approved, what will the total new complement be when fully filled:
* Denote if this is a Temporary or a Permanent Complement Request:
* Current Faculty to Resident or Fellow ratio (from WebAds):
* Current Core Faculty to Resident or Fellow ratio (from WebAds):
* Faculty to Resident or Fellow ratio with the requested additional positions:
* Core Faculty to Resident or Fellow ratio with the requested additional positions:

**Please attach the following to this form:**

* If applicable, complete any questions and documentation required by your RRC for a permanent complement increase
* Provide an Educational Rationale that explains the reason you are requesting the complement increase **(attach)**
* Current block schedule for Residents or Fellows at each level of training **(attach)**
* Proposed block schedule for Residents or Fellows at each level of training **(attach)**
* Copy of the Pro Forma completed for Erlanger Administration to make a financial decision about funding the increase **(attach)**
* Letter(s) from entity or entities that are funding the increased positions
* Letter of support from the Core Program Director (unless this is a Core Program) **(attach)**
* Responses to citations from your most recent letter of accreditation **(attach if applicable)**
* Any major changes to the program since the last letter of accreditation **(attach if applicable)**
* If applicable to your specialty, discuss the current # of procedures and case volume and the expected impact on the increased number of trainees **(attach if applicable)**
* Program/Specialty Requirements from the accrediting body **(attach)**
* Discuss what effect (if any) this increase will have on other training programs in our institute **(attach)**

**Approval Signatures:**

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Chair Date Division Chief (if applicable) Date

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Program Director Date Assistant Dean, Finance & Administration Date

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Associate Dean/DIO Date

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**To be completed by the GME Department**

Indicate the date this request was reviewed by GMEC Program Development/Expansion Subcommittee: \_\_\_\_\_\_

Was the request approved by the GMEC Subcommittee for recommendation to GMEC (Yes/No)? \_\_\_\_\_\_

**Educational Rationale**

To the members of the GMEC Program Development and Expansion Committee:

(provide the educational rationale here)