# Request for Change in Resident / Fellow Program Complement

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Director (print name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Director Signature/date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Chair (print name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Chair Signature/date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Core Program Director Signature/Date (if applicable**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current approved Resident / Fellow complement:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requested Change in Resident / Fellow complement:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requested Effective Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requests to change a program’s resident/fellow complement need review and approval by:**

1. UCLA Enrollment Committee for overall rationale and financing/resources.
2. UCLA GME Committee for educational content, impact and objectives
3. ACGME / RRC

Requests to specific ACGME / RRC’s must not be made until after approval by the UCLA Enrollment Committee and the GMEC. The attached questionnaire will facilitate the necessary approvals and final request to the ACGME. No residents or fellows should be hired or made promises for positions until there has been approval by each group noted above.

Please address all the questions on the next page in your request.

***Send the completed application request to Lisa Payne in the GME Office (llpayne@mednet.ucla.edu).***

Revised 9/2018

**Rationale, Impact and Financing for Requested Complement Increase**

1. Reason(s) for request to change the number of trainees in program:
2. How will additional positions be financed?
* Please complete the Financial Support Template
1. What will be the impact of the change on the educational program? Please include both the positive and negative effects on the educational program in comparison to the current program size.
2. What are the anticipated effects of your proposed program changes on other training programs at UCLA? (i.e. Availability of patients, resources) Will this create competition for patients or faculty supervision?
3. How will the change affect the number of cases seen by the trainees?
4. If your RRC or American Board have requirements for a certain number of rotations, clinical experience, number of producers, cases, etc., will there be adequate experiences to meet RRC and Board requirements?
5. Assuming approval, will the curriculum be modified for any year(s) of training?
* What will be added, deleted or moved?
* Include a Block diagram by PGY year, for a model resident / fellow
1. How will this change affect the balance of Service vs. Education?
2. How will this affect Duty Hours for each program year?
3. Will there be additional or new training sites needed to accommodate the change in trainee complement? If so:
* Please list the additional sites that will be utilized

You will be required to provide a PLA and /or affiliation agreement before the start of the training (at the point of RRC Submission).

11. Is there adequate space and resources (offices, desks, computers, labs, etc.) to accommodate the change? Please provide a summary of necessary resources.