NM Human Services Department
Graduate Medical Education Expansion
DRAFT: Application Evaluation Worksheet

Name of Reviewer:
Date:

Is Application Complete?: Includes all sections and required attachments
If Not Complete Explain:

Applicant Organization:
Applicant Contact:
Contact Email:
Contact Phone:

Program Eligibility	**New Program (X)**	**Program Expansion (X)**	**Both (X)**
New Mexico Licensed Hospital			
Academic Medical Center			
Free Standing Teaching Hospital			
GME / Training Consortium			
FQHC / RHC			

Specialty Considered:	**Choose One or More (X)**	**Number of New First Yr. Positions Requested, if known**	**Proposed Rural Training Track Location if applicable**	**Existing Training Prog. Annual Graduates**
Family Medicine				
General Internal Medicine				
General Pediatrics				
General Psychiatry				
Total		0		0

Application Intent:	**Choose One or More (X)**
1) Plan for and develop new- or expand existing- (ACGME) program within the specified primary care specialties;	
2) Cover staff, technical assistance, and other related costs associated with ACGME application development for new programs; and/or,	
3) Fund start-up operating costs prior to launch of a new program	
4) Other - Explain below	

Other Program Description:

	See Model Scale Criteria Below			
Application Review Criteria	Weighted Value .5	**1 Not Responsive -- 10 Exceptional**		**See Application for Full**
Requirement 1: Abstract			0	**Criteria Descriptions**
Comments:				Criteria: The Abstract responds to all of the fields in Attachment B of the application. The Abstract could be used as a freestanding document to explain the intent of the application.
Requirement 2: Narrative	Weighted Value 1.5		0	
Comments:				**Criteria:** Grant applications provides a clear description of the Applicant's efforts toward the following: 1.Provides information on the purpose or goals of residency development, the organization(s) involved, the specialty program of focus and describes the population of the area. 2.Describes the organization's commitment to serve the Medicaid population(s). 3.Describes the organization's efforts to encourage residents to remain in NM, particularly in rural and/or underserved areas post-residency, for expansion programs. 4.A discussion of community need for primary care access improvements including populations to be served, local conditions impacting healthcare access, key health concerns, and other efforts to address health improvement and workforce. 5.A clear Organizational Chart, Biographical Sketches describing clear relationships are provided 6. The Stage requested is defined and meets criteria for that stage 7. Are Letters of Support and Commitment or Agreements provided.
Requirement 3: Budget	Weighted Value 1		0	

Comments:

Criteria: The Budget ties directly to the workplan. Applicant estimates time and effort associated with completing the workplan objectives and tasks within the timeframes presented. Non-staff time would be focused on technical assistance or needs directly related to residency program development costs as opposed to health service operations. Program viability documentation has been provided for existing programs seeking to expand.

Requirement 4: Project Workplan Weighted Value 1.5 0

Comments:

Criteria: Application contains a clearly definable workplan that reasonably states the beginning, milestones and end product consistent with the rest of the application

Total Score 0

	Check One or More (X)
Recommend Funding	
Recommend Technical Assistance	
Recommend Not Funding	
No Recommendation	

Scoring of Sections: Overall Stength of Response to Criteria		
Low	Not Responsive	1
	Poor	2
	Marginal	3
	Fair	4
Medium	Satisfactory	5
	Good	6
	Very Good	7
High	Excellent	8
	Outstanding	9
	Exceptional	10