Graduate Medical Education (GME) Expansion Program Letter of Interest

Name of Organization:	**Date:**
Name of Contact Person:	
Email Address:	
Best Phone Number:	
Other Contact Info:	
Estimated Funding Need:	

Type of Request: (Check/mark one or more items in the left column below)

	◯ **Pre-Planning Phase –** ◯ *We are considering developing a primary care physician training program and need to understand the commitment, rules and regulation, accreditation requirement and clinical commitments as well as how residency programs are financed. Requesting on-site technical assistance and support of our decision-making process* Please contact me to discuss the HSD Strategic Plan for Primary Care GME program development. ◯ Please contact me to provide more information regarding the availability of financial assistance for starting a new residency program, or expanding an existing program. ◯ Please contact me to provide information regarding Medicaid GME payments supporting the operations of residency programs and other financing options.
We plan on submitting an HSD GME Expansion Program Request for Application. (Please check the box that most describes your readiness to develop a residency program. (This is non-committal and may change when the application is submitted).	
	◯ **Stage 1- Exploration** *We have decided to initiate a formal approach to residency development. We would like support for:* ◯ Needs Assessment. ◯ Assets and capacity assessment. ◯ Organize community stakeholders. ◯ Conduct a financial feasibility assessment – prepare an initial budget. ◯ Other

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	◯ **Stage 2 – Program Design and Accreditation Application** *Having identified a Sponsoring Institution and/or Program, we are seeking additional resources for:* ◯ Hiring or Supporting Program Director time to organize and develop the Residency. ◯ Creating and hiring a Program Coordinator position. ◯ Prepare a Pro Forma. ◯ Develop the Curriculum and Rotation Schedule. ◯ Preparing and submitting the Sponsoring Institution and / or Program application to ACGME. ◯ Other
	◯ **Stage 3 – Development and Start-Up Support** *Our Sponsoring Institution and Program have been approved we are waiting to start training and need resources to support operations and startup costs before residents arrive. We need:* ◯ Faculty and Program Coordinator salary. ◯ Faculty Development Costs. ◯ Software and hardware for program operations. ◯ Other

Type of Residency Program Being Considered: (Check one or more boxes)

	◉ Family Medicine
	◯ General Internal Medicine
	◯ General Pediatrics
	◯ General Psychiatry
	◯ Other:

Additional comments and/or questions:

Submit this Letter of Interest via Email to both Addresses below:

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