REQUEST FOR INCREASE IN RESIDENT OR FELLOW COMPLEMENT
INDIANA UNIVERSITY SCHOOL OF MEDICINE

BACKGROUND
Please review the following instructions before submitting the program’s request for an increase in complement:

- Applications must be submitted by the 1st of the first month of the next quarter (January, April, July, October) in order for the application to be reviewed by the GMEC Allocation Subcommittee by the end of the next quarter (March, June, September, December). Any additional support documents can be attached to this application.
- The subcommittee will review the application and assess program quality, fit with mission and vision of IUSM, and projected needs for the specialty.
- The subcommittee may require the Program Director to attend the meeting to answer questions about the application.
- If approved by the subcommittee, the application will then go to the GMEC for review.

APPLICATION
1. What is the rationale for requesting an increase in program complement?

2. Program Demographics
   a. Name of Program:
   b. ACGME accredited?  ____ Yes  ____ No
   c. Department:
   d. Program Director:
   e. Program Coordinator:
   f. Length of Program (Years):
   g. Number of Residents/Fellows per Year:
   h. Current Distribution of Positions:

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<th>IUH Riley</th>
<th>IUH Methodist</th>
<th>Eskenazi</th>
<th>VAMC</th>
<th>IUH West</th>
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3. What increase are you proposing to the current program? Please provide a brief description of the needs assessment, and attach a block diagram showing the proposed distribution of the new positions.

4. Are you able to meet all of your current learners’ needs per the ACGME and program curricula? If not, why and what are the needs? Please provide objective numbers (case logs, continuity clinics, etc.) where possible.

5. Describe the program’s changes needed to fill an increased number of slots (addition of faculty, administrative support, etc.).

Are there sufficient educational resources?

Are enough clinical experiences available?

6. Please provide the following data regarding your program’s graduates:
   a. Number of program graduates in the last five years:
   b. Percentage of residents who go on to fellowship:
   c. Percentage of residents able to find jobs upon graduation:
   d. Percentage that have remained in Indiana over the last five years:
   e. Percentage that have remained within the IUSM system (IU Health, Eskenazi, VAMC):

7. Please provide data on the projected future needs for your program/specialty. Be sure to cite your sources.
   a. Regional:
   b. State:
   c. National:

8. What options for funding the resident or fellow increase exist?
   a. IU Health:
   b. Eskenazi:
   c. VAMC:
   d. Department funds:
   e. External funds: