**APPLICATION FORM FOR INSTITUTIONAL RECOGNITION**

*(Corresponding to Recognition Requirements for Sponsoring Institutions with Non-Standard Training Programs for J-1 Visa Sponsorship, effective February 7, 2022 for Sponsoring Institutions)*

**Accreditation Council for Graduate Medical Education (ACGME)**

**Institutional Review Committee**

**ACGME Recognition Requirements for Sponsoring Institutions with Non-Standard Training Programs for J-1 Visa Sponsoring require that a Sponsoring Institution must hold an accreditation status of Initial Accreditation, Initial Accreditation with Warning, Continued Accreditation, or Continued Accreditation with Warning to apply for institutional recognition.**

**INSTRUCTIONS**

**Getting Started:** The designated institutional official (DIO) initiates the Institutional Recognition application process in the Accreditation Data System (ADS). The DIO designates a training program liaison (TPL), who will be given a separate username and password in ADS.

**Completing the Institutional Recognition Application:** The Institutional Recognition Application—which is submitted through the “Recognition” tab in the DIO’s ADS profile—consists of a series of steps that include the entry of information in ADS and the upload of this Institutional Recognition Application Form.Data entered in ADS include information about the DIO, the Sponsoring Institution and its participating sites; the uploaded attachments consist of the Sponsoring Institution’s documentation of fulfillment of the ACGME Recognition Requirements.

**Institutional Recognition Application Form:** This Institutional Recognition Application Form must be completed and submitted (as a PDF) as one of the required documents. It includes questions that correspond with the ACGME Recognition Requirements for Sponsoring Institutions that are currently in effect. Each question is associated with at least one requirement; however, not all requirements are addressed in the questions. The reference in the left-hand margin next to each question identifies the corresponding requirement(s). Responses to questions must be provided in the text boxes that directly follow the questions. Unless otherwise specified, the response to each question should not exceed 400 words.

The Institutional Recognition Application Form must be submitted in the format in which it was downloaded from the ACGME website and then saved as PDF for submission. ADS will automatically insert page numbers into the Institution Recognition Application Form.

The Institutional Recognition Application Form should include only the information and materials requested. Do not include any other documents or information.

**Submitting the Institutional Recognition Application Form:** Upon completion, the Institutional Recognition Application Form should be uploaded into ADS. When all components are complete and accurate, the DIO should submit the Application on the “Recognition” tab in ADS. No changes may be made to the application or attachments after they are submitted.

**Failure to provide requested information or to comply with instructions may impact the Institutional Review Committee’s review of the application. Incomplete applications will be returned with a request for additional information.**

Contact the staff of the Institutional Review Committee at the ACGME with questions regarding this process. (Contact information is noted on all pages in the [Institutional Review Committee section](http://www.acgme.org/acgmeweb/tabid/158/ProgramandInstitutionalAccreditation/Institutions/InstitutionalReview.aspx) of the ACGME website.)

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| 1. **SPONSORING INSTITUTION THAT OFFERS NON-STANDARD TRAINING PROGRAMS** | | | |
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| **I.A. Sponsoring Institution** | | | |
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| **I.A.1.-4.** | **Q1** | | How will the Sponsoring Institution have ultimate authority for and oversight of the non-standard training (NST) program(s)? [PR I.A.1.] *(Limit response to 400 words.)* |
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| **Q2** | List each NST program the Sponsoring Institution expects to provide in the first year of recognition. For each program, list the specialty/subspecialty of the most closely related ACGME-accredited program and the expected number of trainees in the first year. (Add rows as needed) [PR I.A.3]   |  |  |  | | --- | --- | --- | | NST Program Name | Specialty/Subspecialty of the Most Closely Related Program | Expected Number of NST Program Trainees | | Click here to enter text. | Click here to enter text. | # | | Click here to enter text. | Click here to enter text. | # | | Click here to enter text. | Click here to enter text. | # | | Click here to enter text. | Click here to enter text. | # | | Click here to enter text. | Click here to enter text. | # | | Click here to enter text. | Click here to enter text. | # | |

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| **I.B. Designated Institutional Official (DIO)** | | | | | | | |
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| **I.B.1.-2.** | | | | **Q3** | | What process(es) will the DIO use to collaborate with the Sponsoring Institution’s Graduate Medical Education Committee (GMEC) to ensure compliance with the Recognition Requirements for Sponsoring Institutions with NST Programs? [PR I.B.1.] *(Limit response to 400 words)* | |
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| **I.D. GMEC** | | | | | | | |
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| **I.D.1.** | | **Q4** | | | | What process will the GMEC use to ensure the review and approval of the program description of each NST program and the appointment of each NST program director? [PR I.D.1.-I.D.2.] *(Limit response to 400 words)* | |
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| **I.D.3.** | | | **Q5** | | | What method(s) will the GMEC use to complete and document an annual assessment of the supervision and assessment of NST trainees, and the impact of NST programs on the Sponsoring Institution’s ACGME-accredited programs? [PR I.D.3., I.D.3.(a)-(b)] *(Limit response to 400 words)* |
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| 1. **NST PROGRAMS** | | | | | | | |
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| **II.A. Appointment** | | | | | | | |
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| **II.A.1.-3.** | **Q6** | | | | How will the Sponsoring Institution ensure NST trainees meet prerequisites for entry that are defined by each NST program? [PR II.A.1., II.A.2.] *(Limit response to 400 words)* | | |
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| **Q7** | | | | | By what process(es) will the Sponsoring Institution ensure each NST trainee is provided with a written agreement, and to monitor implementation of required terms and conditions of the agreement? [PR II.A.3., II.A.3.(a)-(g), II.A.4.] *(Limit response to 400 words)* | | |
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| **II.B. Curriculum** | | | | | | | |
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| **II.B.1.** | | **Q8** | | | How will the Sponsoring Institution ensure each NST program makes available to NST trainees and faculty members a curriculum that includes overall educational goals, delineation of NST trainee responsibilities, and a description of required educational experiences? [PR II.B.1., II.B.1.(a)-(c)] *(Limit response to 400 words)* | | |
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| **II.C. Assessment** | | | | | | | |
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| **II.C.1-2.** | | **Q9** | | | How will the Sponsoring Institution oversee the initial, formative, and summative assessments of NST trainees? [PR II.C.1., II.C.1.(a)-(c), II.C.2.] *(Limit response to 400 words)* | | |
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| **II.C.3.** | | **Q10** | | | | What opportunities will there be for NST trainees to raise concerns and provide feedback without intimidation or retaliation and in a confidential manner, as appropriate? [PR II.C.3.] *(Limit response to 400 words)* | |
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| **II.C.3.** | | **Q11** | | | | How will the Sponsoring Institution oversee the clinical and educational hours of NST trainees? [PR II.C.4.] *(Limit response to 400 words)*   |  | | --- | | Click here to enter text. | | |