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**Application to Add Program to Approved Advancing Innovation in Residency Education (AIRE) Pilot**

The process for approval of an additional program participating in an already-approved AIRE pilot requires the following documentation, submitted via email to aire@acgme.org:

1. Completion of the below information for each additional program wishing to participate in the pilot.
2. A letter attesting that the additional program will adhere to all requirements described in the approved AIRE pilot proposal (aside from those specifically noted on this form to be different). This letter must be signed by the program director of the additional program. *Any components of the additional program that will* ***not*** *adhere to the requirements as described in the approved AIRE pilot proposal must be described below.*

Once the required materials have been received by the AIRE team, all information will be forwarded to the appropriate specialty Review Committee for review. The Review Committee will then inform the applicant via a letter in the Accreditation Data System (ADS) of the outcome of that review.

**Section 1. Approved AIRE Pilot**

1. Name of Approved AIRE Pilot: Click or tap here to enter text.
2. Review Committee Overseeing Pilot: Choose an item.

**Section 2. Program Demographics**

1. Program Name: Click or tap here to enter text.
2. Program Number: Click or tap here to enter text.
3. Program Director Name: Click or tap here to enter text.
4. Program Accreditation Status: Click or tap here to enter text.
5. Sponsoring Institution Name: Click or tap here to enter text.
6. Designated Institutional Official (DIO) Name: Click or tap here to enter text.
7. Sponsoring Institution Accreditation Status: Click or tap here to enter text.
8. List below any citations and/or Areas for Improvement (AFIs) the program received during its most recent review and explain how each area has been addressed.

Click or tap here to enter text.

**Section 3. Information about Additional Program**

1. Indicate the start date for the additional program to begin participation in the pilot.

Click or tap to enter a date.

1. Indicate the faculty lead/champion for the additional program.

Click or tap here to enter text.

1. Describe contingency/action plans for residents/fellows requiring remediation and/or extension of time in the program and transition into other education and training pathways.

Click or tap here to enter text.

1. Describe local monitoring by the DIO and Graduate Medical Education Committee (GMEC) of the additional program.

Click or tap here to enter text.

1. Describe how the program will monitor the impact of the innovation on the local clinical learning environment.

Click or tap here to enter text.

If any of the following components of the additional program differ from the already-approved AIRE pilot, describe them below. *(If the same as the approved AIRE pilot, put “N/A.”)*

1. Amendments to the program’s supervision policies.

Click or tap here to enter text.

1. Measures that will be used to determine the impact of the pilot on educational outcomes.

Click or tap here to enter text.

1. Assessment methods or tools to be used in the additional program, including how the methods or tools will be evaluated to collect validity evidence (if a new method or tool). *An assessment map/chart may be submitted along with this form.*

Click or tap here to enter text.

1. Plan to track learners after completion of the pilot.

Click or tap here to enter text.

1. Faculty development plan, including activities, development and delivery, and assessment of faculty development outcomes.

Click or tap here to enter text.

**Section 4. Required Signatures**

1. Program Director:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

1. If a dependent subspecialty, specialty program director:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

1. Designated Institutional Official:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

1. Chair, Graduate Medical Education Committee:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.