



**Key to Standard Notification Letter for Status of Continued Accreditation**

(Text in italics provides explanations of the sections in the letter; non-italicized text is standard text of the letter)

**Accreditation Council for  
Graduate Medical Education**

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Chicago, Illinois 60610

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Fax 312.755.7498  
Web www.acgme.org

Date  
Program Director Name  
Director, Residency Program  
Program Name  
Address Line 1  
Address Line 2  
City State Zip

Dear Dr. Program Director:

The Residency Review Committee for X, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Specialty  
Name of Program  
Sponsoring Institution  
City, ST  
Program 1000000000

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

**Status:** *This is the accreditation status assigned to the program or institution by the Review Committee following annual review of the program or institution.*

**Maximum Number of Residents:** *If the Review Committee approves resident complement, this section lists the maximum number of residents that may be appointed to the program at any given time.*

**Residents per Level:** *If the Review Committee approves resident complement by year, this section specifies the maximum number of residents that may be appointed at each level of the program.*

**Effective Date:** *The effective date of the accreditation action is the date of the Review Committee meeting at which the action was taken.*

**Approximate Date of Self-Study Visit:** *This is the approximate date of the program's next Self-Study visit. Each program will undergo a self-study visit once every 10 years.*

**Progress Report Due:** *If the Review Committee requests a progress report, the due date is included in this section.*

### **Areas Not in Substantial Compliance (Citations)**

The Review Committee cited the following areas as not in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements:

- *If applicable, the LON will include this section, listing areas in which the program is not in compliance with ACGME Requirements for Graduate Medical Education. These areas of non-compliance are also referred to as citations. Each citation will include a descriptive heading, the date the citation was issued, the actual Institutional or Program Requirement for the area that is not in compliance and the Review Committee's brief explanation of non-compliance.*

**Extended Citations:** *Citations from the program's or institution's previous review that have not been adequately addressed will appear in the LON as extended citations, with the Review Committee's brief description of the continued non-compliance.*

**New Citations:** *Citations resulting from the current review of the program will appear in the New Citations section of the LON.*

**Resolved Citations:** *Citations from the program's or institution's previous review that have been adequately addressed will appear in the Resolved Citations section of the LON.*

**Areas for Program Improvement/Concerning Trends:** *The Review Committee may identify one or more areas for improvement based on the current review of the program and/or concerning trends based on data related to the current review, as well as from previous annual reviews of the program.*

The Review Committee identified the following areas for program improvement and/or concerning trends:

**Request for Progress Report:** *If a progress report is requested, the citations to be addressed in the progress report will be indicated in the Areas Not in Substantial Compliance (Citations) section of the LON and the following text will appear:*

The Review Committee requests a progress report in which each citation listed above (\*\*Reference in progress report) is addressed. This information is requested via email to the Executive Director. As specified in the ACGME Institutional Requirements, the report should be reviewed and approved by the sponsoring institution's Graduate Medical Education Committee and co-signed by the Designated Institutional Official prior to submission to the ACGME. If you have concerns about the due date for the progress report, please contact the Review Committee Executive Director.

**Other Comments:** *The letter may include additional text such as:*

- *Commendation for exemplary program performance or innovations.*
- *Approval of a change in participating sites.*
- *Approval or denial of a change in resident complement.*
- *Comment on recent or anticipated changes in the program.*

**Subspecialty Programs:** *If the program has associated subspecialty programs, the following text, along with a listing of the subspecialty programs and, in most cases, the accreditation status assigned to each program, will appear in the LON as described below:*

**The following is a list of subspecialty programs associated with your program. Subspecialty programs with \*\* preceding the program number were not reviewed at the most recent RC meeting. Subspecialty programs with LTR preceding the program number will receive a separate Letter of Notification.**

1010000000 Name of subspecialty  
Accreditation status of subspecialty program and effective date

**Closing Statement:**

The ACGME must be notified of any major changes in the organization of the program. When corresponding with the ACGME, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

Executive Director  
Residency Review Committee for X

cc: Designated Institutional Official  
Core Program Director for letters about dependent subspecialty program  
Dependent Subspecialty Program Director for letters about core program

**Participating Sites**

This section includes a list of all regular and routine participating sites listed in the ACGME Accreditation Data System (ADS).