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

**Institutional Review Committee**

**SPONSORING INSTITUTION APPLICATION FORM**

*(Corresponding to Institutional Requirements, effective July 1, 2021, for Sponsoring Institutions)*

***ACGME Policies and Procedures* require that a Sponsoring Institution must achieve Initial Accreditation in order to complete and submit its first application for accreditation of any graduate medical education program.**

**INSTRUCTIONS**

The application process for institutional accreditation begins with completion of the “Intent to Apply for Institutional Accreditation” [form](https://www.acgme.org/Portals/0/PFAssets/Applications/Intent_to_Apply_Form.doc?ver=2020-07-15-152349-033), which can be found on the [Institutional Application and Requirements](https://www.acgme.org/Designated-Institutional-Officials/Institutional-Review-Committee/Institutional-Application-and-Requirements/) page of the ACGME website (under the “Designated Institutional Officials” menu header, in the Institutional Review Committee section). After the completed form is emailed to [ADS@acgme.org](mailto:ADS@acgme.org), the designated institutional official (DIO) receives a username and password to access the Accreditation Data System (ADS), where the Sponsor Application is completed and submitted to the ACGME for review by the Institutional Review Committee.

**Completing the Sponsor Application**The Sponsor Application (which is submitted through the “Application Overview” tab in the DIO’s ADS profile) consists of two steps:

1. entering information in ADS, including DIO information and information about the Sponsoring Institution and its participating sites; and,
2. uploading attachments, including this application and other documents showing the Sponsoring Institution’s compliance with the ACGME Institutional Requirements.

**Sponsoring Institution Application Form**This Sponsoring Institution Application Form must be completed and submitted (as a PDF) as one of the required Institutional Review Uploads. It includes questions that correspond with current ACGME Institutional Requirements. Each question is associated with at least one Institutional Requirement; however, not all Institutional Requirements are addressed. The reference in the left-hand margin next to each question identifies the corresponding Institutional Requirement(s). Responses to questions must be provided in the text boxes that directly follow the questions.

The Sponsoring Institution Application Form must be completed in the format posted on the ACGME website, then saved as a PDF for submission. ADS will automatically insert page numbers into the Sponsoring Institution Application Form when it is combined with the other components of the Sponsor Application into a final PDF.

The completed Sponsoring Institution Application Form should include only the information and materials requested. Do not include or attach brochures, reprints, manuals, bylaws, or any other documents or information not specifically identified.

**Submitting the Sponsoring Institution Application Form as Part of the Sponsor Application**The completed Sponsoring Institution Application Form should be uploaded into ADS with the other Institutional Review Uploads. When all components are complete and accurate, the DIO should submit the Sponsor Application under the “Application Overview” tab in ADS. No changes can 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 not be reviewed by the Institutional Review Committee.**

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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| **STRUCTURE FOR INSTITUTIONAL OVERSIGHT** | | | | | | | | | | | | | |
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| **1.1. Sponsoring Institution** | | | | | | | | | | | | | |
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| **1.1.-1.2.** | | | | | **Q1** | | | | | | Describe how the Sponsoring Institution will have ultimate authority for and oversight of the ACGME-accredited residency/fellowship program(s). Identify the Sponsoring Institution’s governing body and participating sites. Describe the position of the DIO and Graduate Medical Education Committee (GMEC) in the Sponsoring Institution’s reporting structure, including the relationships to the governing body, as depicted in the organizational charts uploaded in the Sponsor Application. *(Limit response to 800 words)* | | |
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|  | | | | | | | | | | | List each program the Sponsoring Institution expects to oversee and support in its first two years. Include programs that will apply for ACGME accreditation and/or existing ACGME-accredited programs that will transfer to the new Sponsoring Institution. | | |
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| **1.9. GMEC** | | | | | | | | | | | | | |
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| **1.10.a.; 1.11.; 1.13.b.** | | | | | | **Q2** | | | | | Describe the operating structure by which the GMEC will perform its required responsibilities. Indicate the frequency of GMEC meetings and the process for peer selection of voting resident/fellow members, consistent with the GMEC membership list uploaded in the Sponsor Application. If the GMEC uses subcommittees to carry out required responsibilities, provide the name(s) of each such subcommittee, describe each subcommittee’s function and composition (e.g., inclusion of peer-selected residents/fellows), and indicate the process for review and approval of subcommittee actions by the GMEC. *(Limit response to 400 words)* | | |
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| **1.14.-1.14.b.** | | **Q3** | | | | | | | | | Describe the process the Sponsoring Institution will use to create its Annual Institutional Review (AIR), including the procedures that the GMEC will use to monitor action plans resulting from the AIR. Indicate the approximate date by which the DIO is expected to provide the governing body with a written executive summary of the AIR. *(Limit response to 400 words)* | | |
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| **INSTITUTIONAL RESOURCES** | | | | | | | | | | | | | |
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| **2.1. Institutional GME Infrastructure and Operations** | | | | | | | | | | | | | |
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| **2.1.-2.1.a.** | | | | | **Q4** | | | | Describe the Sponsoring Institution’s method for ensuring sufficient financial support and protected time for the DIO to effectively carry out educational, administrative, and leadership responsibilities and participate in professional development activities relevant to their educational leadership role. *(Limit response to 400 words)* | | | | |
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| **2.1.b.** | | | | | **Q5** | | | | Describe the Sponsoring Institution’s method(s) for ensuring sufficient salary support and resources for effective GME administration. Identify personnel and resources that will support institutional GME operations. *(Limit response to 400 words)* | | | | |
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| **2.2.a.-2.2.e.** | | | | | **Q6** | | | | Describe the mechanism(s) by which the Sponsoring Institution, in partnership with each of its ACGME-accredited programs, will ensure sufficient support for its programs. Indicate resources, including financial support and protected time, for the program director(s), program coordinator(s), and core faculty members. Indicate how the Sponsoring Institution will ensure the program director(s) and core faculty members engage in professional development applicable to their educational leadership roles. *(Limit response to 400 words)* | | | | |
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| **2.3. Resident/Fellow Forum** | | | | | | | | | | | | | |
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| **2.3.;2.3.a.-2.3.c..** | | | | | **Q7** | | | | If the Sponsoring Institution will sponsor more than one ACGME-accredited program, describe plans to ensure all residents/fellows from its ACGME-accredited programs will have an organization, council, town hall, or other platform (“forum”) to communicate directly with other residents/fellows about their ACGME-accredited programs and learning and working environments. Describe how concerns discussed at this forum will be shared with the DIO and GMEC. Indicate how residents/fellows will have the option to conduct this forum without the DIO, faculty members, or other administrators present. *(Limit response to 400 words)* | | | | |
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| **2.6.. Support Services and Systems** | | | | | | | | | | | | | |
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| **2.6.a.-2.6.b.** | **Q8** | | | | | | | | Will the Sponsoring Institution provide the following patient support services in a manner that minimizes residents’/fellows’ work that is extraneous to their ACGME-accredited program’s(s’) educational goals and objectives; and that ensures that residents’/fellows’ educational experience is not compromised by excessive reliance on them to fulfill non-physician service obligations? Check all that apply. | | | | |
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|  | | | | | | | | | ☐ Peripheral intravenous access placement | | | | |
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| **RESIDENT/FELLOW LEARNING AND WORKING ENVIRONMENT** | | | | | | | | | | | | | |
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| **3.1..** | | | | | **Q9** | | | | | | Describe how the Sponsoring Institution will provide residents/fellows with opportunities to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner. *(Limit response to 400 words)* | | |
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| **3.2.a.-3.2.a.1.** | | | | | | | **Q10** | | | | Describe how the Sponsoring Institution will ensure the availability of system(s) for residents/fellows to report errors, adverse events, unsafe conditions, and near misses in a protected manner and without reprisal. Describe residents’/fellows’ opportunities to contribute to risk reduction processes (e.g., root cause analyses, fishbone diagrams). *(Limit response to 400 words)* | | |
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| **3.2.b.** | | | **Q11** | | | | | | | | Describe how the Sponsoring Institution will ensure that residents/fellows have access to data to improve systems of care, reduce health care disparities, and improve patient outcomes. *(Limit response to 400 words)* | | |
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| **3.2.b.1.** | | | **Q12** | | | | | | | | Describe how residents/fellows will participate in quality improvement initiatives. *(Limit response to 400 words)* | | |
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| **3.2.c.** | | | | **Q13** | | | | | | | Describe how the Sponsoring Institution will facilitate the professional development of core faculty members and residents/fellows regarding transitions of care to provide safe and effective care to patients. *(Limit response to 400 words)* | | |
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| **3.2.c.1.** | | | | **Q14** | | | | | | | Describe how the Sponsoring Institution will ensure and monitor effective, structured patient hand-offs to facilitate continuity of care and patient safety. *(Limit response to 400 words)* | | |
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| **3.2.d.** | | | | **Q15** | | | | | | | Describe how the Sponsoring Institution will oversee supervision of residents/fellows consistent with institutional and program-specific policies. *(Limit response to 400 words)* | | |
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| **3.2.d.1.** | | | | **Q16** | | | | | | | Describe how the Sponsoring Institution will ensure the availability of mechanisms for residents/fellows to report inadequate supervision and accountability in a protected manner and without reprisal. *(Limit response to 400 words)* | | |
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| **3.2.e.** | | | | **Q17** | | | | | | | Describe how the Sponsoring Institution will oversee resident/fellow clinical and educational work hours. How will the Sponsoring Institution identify and address areas of non-compliance with the ACGME Common and specialty/subspecialty-specific Program Requirements concerning clinical and educational work hours? *(Limit response to 400 words)* | | |
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| **3.2.e.1.-3.2.e.2.** | | | | | | | | **Q18** | | | How will the Sponsoring Institution ensure systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows? Describe educational activities for residents/fellows and core faculty members related to fatigue mitigation. *(Limit response to 400 words)* | | |
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| **3.2.f.2.** | | | **Q19** | | | | | | | | How will the Sponsoring Institution provide systems for education in and monitoring of residents’/fellows’ and core faculty members’ fulfillment of educational and professional responsibilities, including scholarly pursuits? *(Limit response to 400 words)* | | |
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| **3.2.f.4.** | | | **Q20** | | | | | | | | How will the Sponsoring Institution educate residents/fellows and faculty members regarding creating an environment that is professional, respectful, and civil, and that is free from unprofessional behavior? Describe the Sponsoring Institution’s confidential process(es) for reporting, investigating, monitoring, and addressing unprofessional behavior, including mistreatment, abuse, and/or coercion of residents/fellows, other learners, faculty members, and staff members. *(Limit response to 400 words)* | | |
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| **3.2.g.5.b.-3.2.g.5.c.** | | | | | **Q21** | | | | | | How will the Sponsoring Institution ensure adequate sleep facilities and safe transportation options for residents/fellows who may be too fatigued to return safely home? *(Limit response to 400 words)* | | |
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| **3.2.g.6..** | | | | | **Q22** | | | | | | Describe the Sponsoring Institution’s projected engagement in practices that focus on ongoing, mission-driven, systematic recruitment and retention of a diverse and inclusive workforce of residents/fellows, faculty members, senior administrative staff members, and other relevant members of the GME community? *(Limit response to 400 words)* | | |
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| **INSTITUTIONAL GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES** | | | | | | | | | | | | | |
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| **Q23** | | | | | | | | | For each policy/procedure listed, indicate the date of GMEC approval in MM/DD/YYYY format. By providing the approval dates below, the DIO attests that the respective policies and procedures have been reviewed and approved by the GMEC and will be available to residents/fellows. (If the GMEC approved the policies and procedures in the 12 months prior to submission of this application, the annotated GMEC meeting minutes included in the Institutional Review Uploads should document this review and approval.) | | | | |
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| **4.2.-4.2.a..** | | | | | | | | | Resident/fellow recruitment, selection, eligibility, and appointment | | | | |
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| **4.4.** | | | | | | | | | Promotion, appointment renewal, and dismissal | | | | |
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| **4.5.** | | | | | | | | | Grievances | | | | |
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| **4.8.** | | | | | | | | | Vacation and leaves of absence | | | | |
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| **4.9.b.** | | | | | | | | | Physician impairment | | | | |
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| **4.9.c.** | | | | | | | | | Harassment | | | | |
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| **4.9.d.** | | | | | | | | | Accommodation for disabilities | | | | |
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| **4.9.e.** | | | | | | | | | Discrimination | | | | |
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| **4.10.** | | | | | | | | | Supervision | | | | |
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| **4.11.** | | | | | | | | | Clinical and educational work hours | | | | |
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| **4.11.a.** | | | | | | | | | | | Moonlighting | | |
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| **4.12.** | | | | | | | | | Vendor interactions between representatives/corporations and residents/fellows | | | | |
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| **4.13.** | | | | | | | | | Non-competition | | | | |
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| **4.14.** | | | | | | | | | Substantial disruptions in patient care or education, including information about continuation of salary, benefits, and assignments | | | | |
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| **4.15.** | | | | | | | | | Closures and reductions, including information about communication with the ACGME | | | | |
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