

NOT an application form!
Information must be entered directly online through the ACGME Accreditation Data System.

INSTRUCTIONS/PROCESS GUIDE

THESE INSTRUCTIONS ARE FOR PART ONE OF THE APPLICATION ONLY

**PART TWO IS THE SPECIALTY-SPECIFIC WORD DOCUMENT THAT IS FOUND ON THE
RC-FAMILY MEDICINE WEBPAGE**

[HTTP://WWW.ACGME.ORG/ACGMEWEB/TABID/132/PROGRAMANDINSTITUTIONALACCREDITATION/MEDICALSPECIALTIES/FAMILYMEDICINE.ASPX](http://www.acgme.org/acgmeweb/tabid/132/programandinstitutionalaccreditation/medicalspecialties/familymedicine.aspx)

**FOR A PROGRAM DIRECTOR
COMPLETING AN SAS APPLICATION FOR ACGME ACCREDITATION
OF A FAMILY MEDICINE RESIDENCY**

**Please note that this is NOT an application form!
Information must be entered directly online
through the ACGME Accreditation Data System for Part One of
the Application Form.**

This document last updated November 15, 2015.



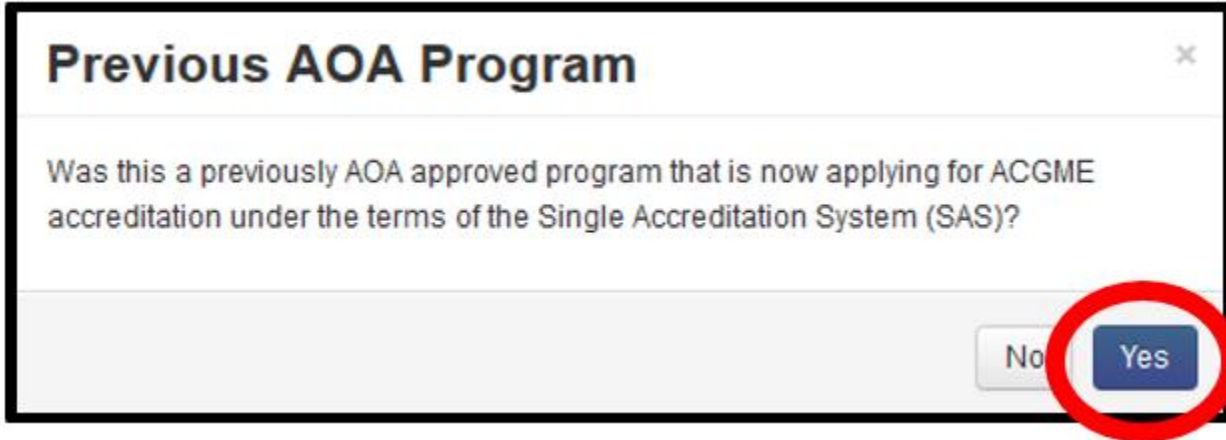
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STEP 0: Initiate Application / Enter Basic Information (to be completed by the DIO)

Initiate Application

To initiate an application for a previously approved AOA program under the terms of the Single Accreditation System, first click "Yes,"



Previous AOA Program

Was this a previously AOA approved program that is now applying for ACGME accreditation under the terms of the Single Accreditation System (SAS)?

No Yes

then enter the six-digit previous AOA Program ID:

The DIO **must** click "Yes" and enter the six-digit AOA Program ID for the program.

Enter Basic Information

What is the planned start date for the first class of residents/fellows?

Length of accredited resident/fellow training (in years):

(This drop-down is limited to only the appropriate responses. For example, an anesthesiology program can be 3 years or 4 years in length, depending on whether the clinical base year is incorporated into the program. For Family Medicine, the program can only be 3 years, so only "3" will be in the drop-down.)

Does this program currently have residents/fellows? (Yes/No)

The answer to this question will trigger one of the following for Step 10.

Yes = Your DIO has indicated that there are residents within this program. Data must be provided for the residents/fellows currently participating in the program.

No = The DIO has indicated the program does not have current residents.

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STEP 1: Select the Participating Sites (to be completed by the DIO)

1. Provide the following information for each site.

Note: The DIO need enter only one site to initiate the application; other sites may be added, and information may be edited, throughout the application (prior to submission).

Site Name:

Primary Teaching Site: (Yes/No)

Required Rotation: (Yes/No)

Do all residents rotate through this site? (Yes/No)

Program Letter of Agreement (PLA) exists between program and site? ((Yes/No/NA)

Rotation Months (by level)

Y1:

Y2:

Y3:

Distance to Primary Teaching Facility:

Miles:

Minutes:

Briefly describe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact):

Which of the following are available within your institution for residents (check all that apply):

- Sleeping Rooms
- Shower
- Secure areas (lockers or rooms that can be locked)
- Cafeteria
- Vending machines
- Parking within 5 minutes of facility
- Wifi
- None of the Above

2. If the total number of rotation months per year does not equate to 12 months (for all sites combined) provide an explanation:

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STEP 2: Select the Program Director (to be initiated by the DIO and completed by the Program Director)

General Information

Salutation:
First Name:
Middle Initial:
Last Name:
Suffix:
Degrees:
Title:
Email address for communicating with ACGME:
National Provider ID:
Email address to be used as a secondary point of contact:
Phone Number:
Extension:
Fax Number:
Primary Institution (dropdown populated by sites entered in Step 1):
Date First Appointed Faculty Member in this program:
Date First Appointed Program Director:
Term of Appointment:
Year Started Teaching in this Specialty:
Is also Chair of Department?

Medical School

Type of medical school (US-LCME Accredited, Osteopathic, Canadian, International, or US non-accredited):
Please select country (dropdown of countries if International is selected for type above):
Name of medical school (dropdown based on type/country selected above):
Medical School Graduation Year:
Other School Name (if not listed in dropdown above):

Specialty / Field

Specialty:
Other Specialty: (List all specialty certifications—there is no limit—and include the following information for each.)
Certification Type (ABMS, AOA, RCPSC, or Other):
Original Certification Year:
Certification Status (Re-Certified, Original Currently Valid, Lapsed, Time-Unlimited/No Recert, Meets MOC):
Re-Certification Year (enter most recent past, not next upcoming):
Explain Equivalent Qualifications for RRC Consideration:

Faculty Hours

Number of hours per week faculty member devotes to this program's activities in the following:

Clinical supervision of residents	<input type="text"/>
Administration of the program	<input type="text"/>
Research/scholarly activity with residents	<input type="text"/>
Didactics/teaching with residents	<input type="text"/>
Total hours devoted to this program	<input type="text"/>

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Note: After the DIO completes the information through Step 2, an email is sent to the program director with an ADS link and PD logins. The PD then reviews and confirms the information, allowing access to all subsequent steps (which need not be completed sequentially). More information for the PD will be entered later—see Step 9.

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STEP 3: Update Program Details

Be sure to update the basic program information including the address.

Note: This information will be displayed on the ACGME public site.

1. Program Information

Address:

Website Address:

Public Contact email/Director's external email:

External Comments:

2. Accreditation Information

Does the program require additional year beyond accredited program length?

Does the program offer preliminary/other positions?

Does the program require prior or additional GME training? (If so, how many years?)

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STEP 4: Add Other Program Personnel

You are required to enter at least one program coordinator. You may also add a Department Chair.

Note: The RRC-FM does not require a co-Program Director. Do not enter a co-Program Director for Family Medicine applications.

Coordinator 1

Salutation:

First Name:

Middle Initial:

Last Name:

Suffix:

Degrees:

Title:

Phone Number:

Extension:

Fax Number:

Email Address:

Department Chair (optional)

Salutation:

First Name:

Middle Initial:

Last Name:

Suffix:

Degrees:

Title:

Phone Number:

Extension:

Fax Number:

Email Address:

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STEP 5: Update ACGME Requested/Filled Resident Positions

Enter the number of resident positions being requested as well as the number of currently filled positions.

Number of ACGME Requested Positions:

Number of Filled Positions:

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STEP 6: Update Duty Hour Info

DUTY HOUR, PATIENT SAFETY AND LEARNING ENVIRONMENT

Briefly describe your back up system when clinical care needs exceed the residents' ability.

Briefly describe how clinical assignments are designed to minimize the number of transitions in patient care.

Briefly describe how the program director and faculty evaluate the resident's abilities to determine progressive authority and responsibility, conditional independence and a supervisory role in patient care.

Excluding call from home, what is the projected averaged number of hours on duty per week per resident, inclusive of all house call and all moonlighting?

During regular daytime hours, indicate which of the following back-up systems your program will have in place when clinical care needs exceed the resident's ability.

- Physicians are immediately available (on site)
- Physicians are available by phone
- Senior Residents or Fellows are immediately available (on site)
- Senior Residents or Fellows are available by phone
- Mid-level Providers are immediately available (on site)
- Mid-level Providers are available by phone
- No back-up system
- Other

During nights and weekends, indicate which of the following back-up systems your program will have in place when clinical care needs exceed the resident's ability.

- Physicians are immediately available (on site)
- Physicians are available by phone
- Senior Residents or Fellows are immediately available (on site)
- Senior Residents or Fellows are available by phone
- Mid-level Providers are immediately available (on site)
- Mid-level Providers are available by phone
- No back-up system
- Other

Indicate which methods the program will use to ensure that hand-over processes facilitate both continuity of care and patient safety?

- Hand-over form (a stand alone or part of an electronic medical record system)

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- Paper hand-over form
- Hand-over tutorial (web-based or self-directed)
- Scheduled face-to-face handoff meetings
- Direct (in person) faculty supervision of hand-over
- Indirect (via phone or electronic means) hand-over supervision
- Senior Resident supervision of junior residents
- Hand-over education program (lecture-based)
- Other

Indicate the ways that your program will educate residents to recognize the signs of fatigue and sleep deprivation.

- Didactics/Lecture
- Computer based learning modules
- Grand rounds
- Small group seminars or discussion
- Simulated patient encounters
- On-the-job training
- One-on-one experiences with faculty and attending
- Other

Which of the following options will the program or institution offer residents who may be too fatigued to safely return home?

- Money for taxi
- Money for public transportation
- One-way transportation service (such as a dedicated facility bus service)
- Transportation service which includes option to return to the hospital or facility the next day
- Reliance on other staff or residents to provide transport
- Sleeping rooms available for residents post call
- Not applicable: residents do not take in-house call
- Other

Are residents permitted to moonlight?

If yes, under what circumstances?

On average, will residents have 1 full day out of 7 free from educational and clinical responsibilities?

What will be the maximum number of consecutive nights of night float assigned to any resident in the program?

On the most demanding rotation, what will be the frequency of in house call?

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Will the program use ambulatory and/or non-hospital settings in the education of residents (experiences other than inpatient)?

If yes, indicate the type of settings that will be used.

- Hospital Based Continuity Clinic
- Community or Federal Public Health Centers
- Ambulatory Surgery Centers (Surgical or specialty centers)
- Veterans Administration (VA) Ambulatory Services
- Faculty Ambulatory Practice, Institutionally Based
- Private Physician's Offices
- Ambulatory / outpatient settings
- Other

Do you use an electronic medical record in your primary teaching hospital?

If yes, what percentage of your residents will use the electronic medical record system to improve the health in a population of patients?

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STEP 7: Update Additional Application Questions

PROGRAM RESOURCES

How will the program ensure that faculty (physician and nonphysician) have sufficient time to supervise and teach residents? Please mention time spent in activities such as conferences, rounds, journal clubs, etc. if relevant.

Briefly describe the educational and clinical resources available for resident education.

RESIDENT APPOINTMENTS

**The term resident is used to describe any physician in graduate medical education; this includes interns, residents, subspecialty residents and fellows.*

Describe how the residents will be informed about their assignments and duties during residency. [The answer must confirm that there are skills and competencies for each assignment and for each year, and that these will be readily available (hard copy, electronically, listserv, etc.) to all residents.]

Will there be other learners (such as residents from other specialties, subspecialty fellows, nurse practitioners, PhD or MD students) in the program, sharing educational or clinical experiences with the residents? If yes, describe the impact those other learners will have on the program's residents.

Describe how the program will handle complaints or concerns the residents raise with faculty or the program director. (The answer must describe the mechanism by which individual residents can address concerns in a confidential and protected manner as well as steps taken to minimize fear of intimidation or retaliation.)

RESIDENT SCHOLARLY ACTIVITIES

Will the program offer residents the opportunity to participate in scholarly activities? If yes, briefly describe the opportunity and the expectations about residents' participation.

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STEP 8: Overall Evaluation Methods

Please complete the questionnaire on the overall evaluation methods used by this program.

Using the tool below, provide the methods of evaluation used for assessing resident competence in each of the six required ACGME competencies, and Identify the evaluators for each method (e.g., If performance in patient care is evaluated at the end of a rotation using a global form completed by faculty and senior residents and also using a checklist to evaluate observed histories and physicals by the ward attending and continuity clinic preceptor, then under patient care select global assessment for a method and faculty member and senior resident for evaluators. Then add patient care again as a competency and select direct observation for a method and Faculty Member as the evaluator).

This table will expand online to accommodate as many rows as necessary.

Competency	Assessment Method	Evaluator(s)
Dropdown includes the six competencies: <div style="border: 1px solid black; padding: 5px;"> Interpersonal and Communication Skills Medical Knowledge Patient Care Practice-based Learning and Improvement Professionalism Systems-based Practice </div>	Dropdown includes the following: <div style="border: 1px solid black; padding: 5px;"> Anatomic or animal models Direct observation Global assessment In-house written examination In-training examination Multisource assessment Objective structured clinical examination Oral Examination Other Patient survey Practice/billing audit Project assessment Record/chart review Resident experience narrative Review of case or procedure log Review of drug prescribing Review of patient outcomes Role-play or simulations Simulations/models Standardized patient examinations Structured case discussions Videotaped/recorded assessment </div>	Checkboxes: <input type="checkbox"/> Allied Health Professional <input type="checkbox"/> Chief/Supervising Resident <input type="checkbox"/> Clerical Staff <input type="checkbox"/> Consultants <input type="checkbox"/> Evaluation Committee <input type="checkbox"/> Faculty Member <input type="checkbox"/> Junior Resident/Medical Student <input type="checkbox"/> Nurse <input type="checkbox"/> Other <input type="checkbox"/> Patient/Family Member <input type="checkbox"/> Peer Resident <input type="checkbox"/> Program Director <input type="checkbox"/> Self <input type="checkbox"/> Technicians
Example: Patient Care	Global assessment	<input checked="" type="checkbox"/> Faculty Member <input checked="" type="checkbox"/> Chief/Supervising Resident
Example: Patient Care	Direct observation	<input checked="" type="checkbox"/> Faculty Member

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List other key assessment methods used but not available in the drop down list above (leave blank if not applicable).

Does the program have a system in place to evaluate the resident/fellows' abilities to determine whether they may take on progressive authority and responsibilities in patient care?

Indicate how evaluators are educated to use the assessment methods listed above so that residents/fellows are evaluated fairly and consistently. Select **up to 3** of the most commonly used methods.

- Workshops/special training on assessment
- Informal or formal discussions among the faculty
- Assessment is a topic of a retreat
- Faculty review assessments and compare evaluations
- PD instructs or educates about assessment methods
- Group or committee discussions that result in consensus assessment of residents
- None, no specific education on assessment provided
- Other (specify below)

Specify only if Other is selected

Indicate how residents/fellows are informed of the performance criteria on which they will be evaluated. Check all that apply.

- During resident orientation
- General goals and objectives
- Rotation-specific goals and objectives
- Provided handouts or examples of evaluation forms
- Other written communications
- Verbal communication or meetings
- Reviewed with residents before each rotation
- Reviewed with residents at the beginning of each year
- Residents not informed
- Other (specify below)

Specify only if Other is selected

Does the program have a Clinical Competency Committee?

Describe the system which ensures that faculty will complete written evaluations of residents/fellows in a timely manner following each rotation or educational experience?

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STEP 9: Update Faculty Info

Physician Faculty Instructions

List in the following order: **program director***, program chair, associate program director(s), and all **core physician faculty** members (all core physician faculty must be listed in alphabetical order by institution). Use the 'title' field in the roster to identify the faculty member's role in the program (e.g., program director, associate program director, etc.).

*** Note: Only some of this information (General Information, Medical School, Specialty/Field, and Faculty Hours) was entered for the PD in Step 2. The rest of the information should be entered as part of Step 9).**

Core physician faculty for Family medicine:

II.B.6. There must be at least one core family medicine physician faculty member, in addition to the program director, for every six residents in the program. (Core)

II.B.6.a) Core physician faculty members must:

II.B.6.a).(1) dedicate at least 60 percent time (at least 24 hours per week, or 1200 hours per year), to the program, exclusive of patient care without residents; and, (Detail)

II.B.6.a).(2) devote the majority of their professional effort to teaching, administration, scholarly activity, and patient care within the program. (Detail)

II.B.7. All programs must have family medicine physician faculty members providing and teaching care for each of the following: maternity care, including deliveries; inpatient adults; and inpatient children.(Core)

In ADS, all physician faculty members who devote at least 15 hours per week to resident education and administration will be automatically designated as core physician faculty. This designation allows ACGME to easily identify the physician faculty members who devote a significant amount of time to resident education across all specialties.

A CV is required for the program director and each active physician faculty member that has been designated as a "Core" faculty member on your roster.

For more information on the RRC-FM's expectations of core physician faculty, please review the FAQ document on the Committee's webpage.

http://www.acgme.org/acgmeweb/Portals/0/PDFs/FAQ/120_family_medicine_FAQs_07012014.pdf

General Information

Salutation:

First Name:

Middle Initial:

Last Name:

Suffix:

Degrees:

Title:

Email address for communicating with ACGME:

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National Provider ID:
Primary Institution (dropdown populated by sites entered):
Date First Appointed Faculty Member in this program:
Year Started Teaching in this Specialty:
Is also Chair of Department?

Medical School
Type of medical school (US-LCME Accredited, Osteopathic, Canadian, International, or US non-accredited):
Please select country (drop-down of countries if International is selected for type above):
Name of medical school (drop-down based on type/country selected above):
Medical School Graduation Year:
Other School Name (if not listed in drop-down above):

Specialty / Field
Specialty:
Other Specialty: (List all specialty certifications—there is no limit—and include the following information for each.)
Certification Type (ABMS, AOA, RCPSC, or Other):
Original Certification Year:
Certification Status (Re-Certified, Original Currently Valid, Lapsed, Time-Unlimited/No Recert, Meets MOC):
Re-Certification Year (enter most recent past, not next upcoming):
Explain Equivalent Qualifications for RRC Consideration:

Faculty Hours
Number of hours per week faculty member devotes to this program's activities in the following:

Clinical supervision of residents	
Administration of the program	
Research/scholarly activity with residents	
Didactics/teaching with residents	
Total hours devoted to this program	

Graduate Medical Education
Program Name:
Specialty:
From:
To:

Licensures
State / Province:
Expiration:

Academic Appointments
Please list the **past ten years** of academic appointments (employment), beginning with your current position.
Position:
From:
To:

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Concise Summary of Role/Responsibilities in Program

Current Professional Activities / Committees

Please list **up to ten** activities and committees within the **past five years**.

Activity:

From:

To:

Bibliographies

Please list the most representative Peer Reviewed Publications / Journal Articles from the **last 5 years**, with a **limit of 10**. Separate entries with a double line break. Do not leave blank. If none, please enter NONE.

Articles

Please list selected review articles, chapters and/or textbooks from the **past 5 years**, with a **limit of 10**.

Participation in Local, Regional and National Activities / Presentations / Abstracts / Grants - this does not include attending a meeting or conference.

Please list participation in local, regional and national activities/presentations from the **past 5 years**, with a **limit of 10**.

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STEP 10: View/Update Residents

Complete for each resident.

(If applicable, of course. Whether there are residents in the program was indicated by the DIO when the application was initiated—see Step 0.)

1. Resident Information

First Name:

Middle Initial:

Last Name:

Suffix:

Social Security Number:

Date of Birth:

National Provider ID:

Medical school from which this resident graduated:

Month/Year Degree Received:

2. Resident Status (pick one)

Active Full time

Active Part time

Started Program Off-Cycle

In Program but Doing Research/Other Training (intends to resume accredited training in this program)

Not in Program Yet and/or Doing Preliminary Year Elsewhere

Leave of Absence

3. Resident Details

Type of Position: (Preliminary or Categorical)

Year In Program:

Email Address:

Start Date:

Expected Completion:

Years of Prior US Training in ACGME Accredited Program (other than in this program):

Did this resident start the program in year one (at the beginning of the program - no transfer credit)? (Yes/No)

Gender:

Ethnicity:

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STEP 11: Download and Complete the Specialty-Specific Application

Download and complete the MS Word specialty-specific application document from the ACGME website for your specialty.

<http://www.acgme.org/acgmeweb/tabid/132/ProgramandInstitutionalAccreditation/MedicalSpecialties/FamilyMedicine.aspx>

Once completed, convert it to a PDF to be uploaded with the other application attachments in Step 12.

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STEP 12: Upload Application Attachments

Attachment: Policy for Supervision of Residents

Policy for supervision of residents (addresses residents' responsibilities for patient care and progressive responsibility for patient management and faculty responsibilities for supervision). [IR III.B.4]

Attachment: Program Policies and Procedures

Program policies and procedures for resident duty hours and work environment including policies on moonlighting. [CPR II.A.4.j; CPR VI.G; IR IV.J]

Attachment: Overall Educational Goals

Overall educational goals for the program. [CPR IV.A.1]

Attachment: Competency Goals and Objectives and Faculty Evaluation of Residents

A sample of competency-based goals and objectives for one assignment at each educational level [CPR IV.A.2], a blank copy of the forms that will be used to evaluate residents at the completion of each assignment. [CPR V.A.1.a]

Attachment: Letters of Agreement

All Program Letters of Agreement (PLAs) with participating sites. [CPR I.B.1]

Attachment: Semiannual and Summative Evaluations

A blank copy of the form that will be used to document the semiannual evaluation of the residents with feedback. [CPR V.A.2.b.(4)], and a blank copy of the final (summative) evaluation of residents, documenting performance during the final period of education and verifying that the resident has demonstrated sufficient competence to enter practice without direct supervision [CPR V.A.3]

Attachment: Program Specific Evaluation Tools

Blank copies of tools the program will use to provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. [CPR V.A.2.b.(1)] *For multiple tools, create one PDF.*

Attachment: Forms Used for Faculty and Program Evaluation

Blank copies of forms that residents will use to evaluate the faculty and the program. [CPR V.B.3; CPR V.C.2.d.(1)]

Attachment: Sample Block Diagram

Provide a sample block diagram for each year of training. Use number of months for each block rotation.

Attachment: Specialty-specific Application Questions

Complete the Specialty-specific Application and upload it here. This document can be found under the "New Applications" heading on your Review Committee's page of our website.

<http://www.acgme.org/acgmeweb/Portals/0/ApplicationInstructions.pdf>

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STEP 13: Review Application

Please review and print a copy of your application for your records. Enter any missing information that has not yet been entered. You will not be able to submit your application if any of the above steps are incomplete or there is information missing on your application.

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STEP 14: Verify and Submit Application to DIO

After clicking “Verify Application and Submit to DIO” button in the header, your application will be submitted to your DIO for review and final submission.

After verification, the DIO will electronically submit the application to the ACGME.

Applications can only be submitted to the DIO by the Program Director. (Program Coordinators cannot submit new applications.)

Once the DIO has submitted your application to the ACGME for final review it cannot be changed, altered, or amended.

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Please contact RRC Staff with questions!

<http://www.acgme.org/acgmeweb/tabid/132/ProgramandInstitutionalAccreditation/MedicalSpecialties/FamilyMedicine.aspx>

Eileen Anthony, Executive Director

Ph: 312.755.5047

eanthony@acgme.org

Sandra Benitez, Senior Accreditation Administrator

Ph: 312.755.5035

sbenitez@acgme.org

Luz Barrera, Accreditation Assistant

Ph: 312.755.5077

lbarrera@acgme.org

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