UNM Graduate Medical Education

Checklist for When You Must Contact the GME Office

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|  | **Issue:** | **Contact Person:** |
| ☐ | All new ACGME or other accredited program applications | Dr. Fair and Joe Sparkman |
| ☐ | All new non-ACGME program applications | Dr. Fair and Joe Sparkman |
| ☐ | All training program complement increases | Dr. Fair and Joe Sparkman |
| ☐ | Consideration of transfer applicants | Dr. Fair and Joe Sparkman |
| ☐ | Program director change requests | Dr. Fair and Joe Sparkman |
| ☐ | Major changes in your training program’s structure or length of training. | Dr. Fair and Joe Sparkman |
| ☐ | Requests for changes in the program that would have a significant impact,including financial, on the program or institution | Dr. Fair and Joe Sparkman |
| ☐ | New training program, rotation requests | Dr. Fair and Joe Sparkman |
| ☐ | Changes to or problems with affiliate training sites. | Dr. Fair and Joe Sparkman |
| ☐ | Master Affiliation Agreements/Program Letter of Agreement (PLA) –Initiation and Renewals | Joe Sparkman |
| ☐ | Progress reports and any correspondence requested by your ReviewCommittee | Dr. Fair  |
| ☐ | Voluntary withdrawals of ACGME-accredited programs | Dr. Fair and Joe Sparkman |
| ☐ | Program citation responses and major change updates in ADS | Dr. Fair  |
| ☐ | Any correspondence with the ACGME/Review Committee | Dr. Fair |
| ☐ | Requests for increases or any change to resident duty hours | Dr. Fair and Joe Sparkman |
| ☐ | Remediation or Disciplinary Issues | Dr. Fair and Joe Sparkman |
| ☐ | Resident/Fellow complaints about work environment or faculty | Dr. Fair and Joe Sparkman |
| ☐ | Catastrophic Leave  | Joe Sparkman |
| ☐ | Suspected impaired resident/fellow | Dr. Fair and Joe Sparkman |
| ☐ | Elective Requests – UNM Trainees and Guest Rotators | Joe Sparkman |
| ☐ | Financial Questions Related to FTEs (beyond general billing) | Dr. Fair, Joe Sparkman, and/or Allan Highcove |