

# INSTRUCTIONS FOR COMPLETING THE NON-STANDARD GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) & PARENT PROGRAM VERIFICATION FORM

## Applicant Information

- 1. Applicant Name:** Applicant's full name.
- 2. USMLE®/ECFMG ID Number:** Applicant's 8-digit USMLE / ECFMG ID number.

## Program Information

- 3. Title of Non-standard Discipline:** Name of the non-standard subspecialty discipline; must match the name of the ABMS member board recognized discipline and name stated in the submitted program description.
- 4. Non-standard Program Director Name:** Name of program director of the **non-standard training program**.
- 5. Program Director Contact Information:**
  - Telephone:** Non-standard program director's telephone number.
  - E-mail:** Non-standard program director's e-mail address.
  - Program Website (if available):** Web address for the non-standard training program's web page, if available; leave blank if program does not have a web page.
- 6. Duration:**
  - a. GMEC-approved Program Duration:** \_\_\_\_\_ months  
The GMEC-approved duration must correspond with the program duration detailed in the submitted program description. If the duration varies (i.e., 12-24 months) please indicate the variable duration in box "a."
  - b. Duration Offered to This Applicant:** \_\_\_\_\_ months  
If the duration of the GMEC-approved training program varies, confirm the specific duration for this applicant in box "b" (i.e., if the applicant will engage only in 12 months of a 12-24 month program write "12" in box "b").
- 7. Parent Program Discipline:** Title of the affiliated ACGME-accredited specialty or subspecialty; non-standard programs must be linked to the most closely related specialty or subspecialty (i.e., parent program for leukemia fellowship would be hematology / oncology, not internal medicine).
- 8. Parent Program ACGME ID Number:** 10-digit ACGME ID for parent program identified above.
- 9. Site of Parent Program:** Name of the hospital / institution where the ACGME-accredited **parent program** is located.
- 10. Site of Non-standard Program:** Name of the hospital / institution where the non-standard training will take place. If the site of activity for the non-standard program is the same as that of the parent program, boxes 9 and 10 should be identical.  
**Please note:** Non-standard training must take place within an ACGME-accredited Sponsoring Institution and at a primary site of activity for the associated ACGME-accredited "parent" program. Both must apply. *To search for a specific ACGME-accredited program and its associated "primary clinical site(s)," refer to <https://apps.acgme.org/ads/public/>*

## Required Signatures

### Chair, GMEC:

GMEC Chair must sign and date the form.

### Program Director, ACGME-accredited Parent Program:

Program Director of the ACGME-accredited parent program must sign and date the form.

### Program Director, Non-standard Training Program:

Program Director of the Non-standard training program must sign and date the form.

### ECFMG Training Program Liaison (TPL):

The ECFMG-recognized TPL must sign and date the form.

## Non-standard Graduate Medical Education Committee (GMEC) & Parent Program Verification Form

### Applicant Information

**1. Applicant Name:**

**2. USMLE®/ECFMG ID Number:**

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### Program Information

**3. Title of Non-standard Discipline:**

**4. Non-standard Program Director Name:**

**5. Non-standard Program Director Contact Information:**

Telephone:

E-mail:

Program Website *(if available)*:

**6. Duration:**

a. GMEC-approved Program Duration: \_\_\_\_\_ months

b. Duration Offered to this Applicant: \_\_\_\_\_ months

**7. Parent Program\* Discipline:**

**8. Parent Program ACGME ID Number:**

*(10 digits)*

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**9. Site of Parent Program:**

**10. Site of Non-standard Program:**

By signing below, the individuals identified confirm the following:

1. The non-standard training program and attached program description have been approved by the GMEC.
2. The sponsoring institution currently holds valid ACGME accreditation status.
3. All accreditable programs within the sponsoring institution and affiliated participating sites are in good standing with the ACGME.
4. The non-standard training program is directly associated with the ACGME-accredited parent program\* referenced above.
5. The non-standard training institution and program understand that J-1 physicians are prohibited from billing directly for services rendered.
6. The non-standard training institution and program confirm that the trainee has met all requirements to enter the training program including, but not necessarily limited to, licensing, credentials, exams, and training prerequisites.

### Required Signatures

**Chair, GMEC:**

Please Print Name:

**Signature:**

**Date:**

**Program Director, ACGME-accredited Parent Program:**

Please Print Name:

**Signature:**

**Date:**

**Program Director, Non-standard Training Program:**

Please Print Name:

**Signature:**

**Date:**

**ECFMG Training Program Liaison:**

Please Print Name:

**Signature:**

**Date:**

\*An ACGME-accredited specialty/subspecialty program housed within the same institution (or an affiliated institution) that shares resources with the non-standard training program.