

TEMPORARY POSTGRADUATE TRAINING PERMIT

FORM C

VERIFICATION STATEMENT FOR NON-STANDARD TRAINING PROGRAM

Graduate Medical Education Committee (GMEC) & Parent Program

The following institution and program seek approval to consider physician applicants for participation in a non-standard training program that operates in direct association with an ACGME-accredited parent program.

Name of Non-Standard Subspecialty Training: \_\_\_\_\_

Name of Host Institution: \_\_\_\_\_

ACGME Institution ID Number: \_\_\_\_\_

Name of Parent Program Specialty/Subspecialty: \_\_\_\_\_

Parent Program ACGME Program ID Number: \_\_\_\_\_

The Graduate Medical Education Committee (GMEC) Chair/Director, Program Director of the ACGME-accredited parent program, and ECFMG Training Program Liaison confirm the following:

1. The GMEC approved the above-mentioned non-standard training program/pathway and curriculum. **(Please attach the approved program description).**
2. The institution is in full compliance with ACGME requirements as evidenced by a "Favorable" action on its most recent institutional review.
3. All creditable programs within the institution are in good standing with the ACGME.
4. The non-standard training program/pathway is directly associated with the ACGME-accredited parent program referenced above.

\_\_\_\_\_  
Chair, Graduate Medical Education Committee (Print Name and Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Office of Graduate Medical Education (Print Name and Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director, ACGME accredited Parent Program (Print Name and Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
ECFMG Training Program Liaison (Print Name and Sign)

\_\_\_\_\_  
Date