

Specialty Application Attached Documents Checklist

Specialty-Specific Application

Complete the specialty-specific application, which can be found in the “Program Requirements and FAQs and Applications” section of the specialty section of the ACGME website. A link to the document is available in the ACGME’s Accreditation Data System (ADS) attachment document section.

Block Diagram

Provide a block diagram for each year of education in the program. Specialty-specific instructions may also be available; these can be found in ADS and on the “Documents and Resources” page of the specialty’s section of the ACGME website.

Program Letters of Agreement

All program letters of agreement (PLAs) for participating sites with required rotations.

Policy for Clinical and Educational Work Hours

Program policies and procedures for resident/fellow clinical and educational work hours, including policies on moonlighting.

Policy for Supervision of Residents/Fellows

Policy for supervision of residents/fellows (addresses responsibilities for patient care and progressive responsibility for patient management and faculty member responsibilities for supervision).

Policy for Resident/Fellow and Faculty Member Well-Being

Policies addressing optimal resident/fellow and faculty member well-being.

Goals and Objectives

A sample of the competency-based goals and objectives for one educational experience at each educational level.

Forms Used for Resident/Fellow Evaluation of Program

A sample of the form a resident/fellow will use to evaluate the program.

Forms Used for Faculty Evaluation of Program

A sample of the form a faculty member will use to evaluate the program.

Forms Used for Evaluation of Faculty Member

A sample of the form a resident/fellow will use to evaluate an individual faculty member.

Evaluation of Resident/Fellow by Faculty Member

A sample of the form used for evaluation of a resident/fellow by a faculty member.

Multi-Source Evaluation of Resident/Fellow

A sample of the form used for evaluation of a resident/fellow by evaluators other than faculty members (e.g., peers, patients, self, other professional staff members).

Semi-Annual and Final Evaluations

A blank copy of the form that will be used to document the semi-annual evaluation of a resident/fellow with feedback, and a blank copy of the final evaluation of a resident/fellow upon completion of the program verifying that the resident/fellow has demonstrated the knowledge, skills, and behaviors to enter autonomous practice.