



AMERICAN OSTEOPATHIC ASSOCIATION

APPLICATION FOR TEMPORARY POSITION INCREASE IN OSTEOPATHIC GRADUATE MEDICAL EDUCATION (OGME) PROGRAMS

1. Eligibility

Current AOA policy states that a new program or a program on probationary approval cannot apply for a position increase until the first Continuing Approval inspection has taken place.

- a. Programs on probationary status may not apply for a position increase.
- b. Positions applied for must be funded positions.
- c. Programs will not be eligible for an increase until receipt of the first re-approval.

2. Submitting the Application

The application should be submitted by the program directly to the AOA from the program's OPTI via FileWorks. Please contact your OPTI for details.

3. Dually Accredited Programs

If the program is dually accredited attach the current ACGME continuing approval to the application with a written statement affirming availability of resources for osteopathic training sufficient to meet the increase request.

4. Approval Process

AOA staff will forward the increase application to the respective SPEC (Specialty College Education Evaluating Committee) for review and a recommendation to the AOA Program and Trainee Review Council (PTRC). SPECs generally meet 3 times a year.

The PTRC meets in or near April, July and November of every year and conducts regular Mail Ballots for review of increases – with particular attention to expediting applications prior to the Match and to accommodate displaced trainees. Applicants will be notified of PTRC actions within two weeks of decision.

**APPLICATION FOR TEMPORARY
POSITION INCREASE IN OGME PROGRAMS**



PROGRAM INFORMATION

1. Name of the Base Institution (The program is approved to this institution.)		2. Current Term of Continuing Approval	
		Years	
3. Program Name		4. Program AOA ID	
5. Program Director		6. Program Contact	7. Phone Number
8. Program Specialty		9. Is the program dually accredited?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Number of Currently Approved Positions (total positions in program)		11. Number of Additional Positions Requested (total increase)	
12. Number of filled Positions During the Last 3 Academic Years:		13. Affiliated Training Sites (if there are more than 3, please include a list with this application)	
Previous Year:			
Two Years Prior:			
Three Years Prior:			
14. Is this Increase to Accommodate (a) Trainee(s) from an AOA Program That is Closing?		15. If #14 was Answered YES, Please Name the Closing Institution(s)	
YES <input type="checkbox"/> NO <input type="checkbox"/>			
16. Will this increase be effective for a specific date range: From _____ to _____			
17. Will this increase be effective for a specific trainee? If yes, please specify the name of the trainee.			

REQUIRED DOCUMENTATION

1. The specialty college may require documentation of scope and volume to support the request for additional trainees. If you question whether this documentation is required for your application, please contact the college.	Check Box To Indicate That Item Is Included
The following specialties have designated Segregated Totals or other Data Report Forms posted to Osteopathic.org : i. <u>Anesthesiology</u> ii. <u>Dermatology</u> iii. <u>Family Medicine</u> iv. <u>Internal Medicine</u> v. <u>Internship</u> vi. <u>Neurology and Psychiatry</u> vii. <u>Obstetrics and Gynecology</u> viii. <u>Ophthalmology and Otolaryngology</u> viii. <u>Surgery</u>	YES <input type="checkbox"/> N/ A <input type="checkbox"/>
b. For specialties without dedicated forms attached a Computer Printout or Typed Report regarding available scope and volume.	YES <input type="checkbox"/> N/ A <input type="checkbox"/>
2. Request Letter (signed by the CEO, DME or Program Director) Describing the Reason for the Increase	YES <input type="checkbox"/>
3. Single Accreditation System Requirements Letter AOA Standard 10.3 requires evidence that the program is in a Medicare cap building period or provide other valid rationale to warrant the increase in size	YES <input type="checkbox"/>

Signature of CEO	Printed Name and Title
Signature of OPTI Officer	Printed Name and Title