**Institution Tables**

Using the templates provided below, please provide the program’s institutional information that is pertinent to the program change.

1. **SPONSORING INSTITUTION: (Institution #1)** (The university, hospital, or foundation that has ultimate responsibility for this program and must be accredited as a sponsoring institution by the ACGME.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of sponsor: | | | | | | |
| Address: | | | | | | |
| City: | State: | | Zip code: | | | |
| Type of institution: (e.g., teaching hospital, general hospital, medical school): | | | | | | |
| Ownership type: (e.g., state, corporation, church): | | | | | | |
| Is the institution ACGME accredited  YES  NO | | Duration of accreditation: | | Next review date: | | |
| Name and credentials of the designated institutional official: | | | | | | |
| Does the **SPONSOR** have an affiliation with a medical school (may be the sponsoring institution)? | | | | | YES | NO |
| If yes, name of medical school: | | | | | | |

1. **PRIMARY INSTITUTION (Institution #2)**

Same as the sponsoring institution

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Address: | | |
| City: | State: | Zip code: |
| Name and credentials of the individual responsible for oversight of training at this institution: | | |

1. **PARTICIPATING INSTITUTION (Institution #3)**

Not applicable

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | |
| City: | | | | | State: | | | | | | | | | Zip code: |
| Distance from primary institution | | Miles: | |  | | | Minutes: | |  | | | | | |
| Type of rotation (select one) | Elective | | Required | | | | | Both | | |  | | | |
| Duration of fellow’s rotation (in months) | | | | | | Year 1: | |  | | Year 2: | |  |  | |
| Name and credentials of the individual responsible for oversight of training at this institution: | | | | | | | | | | | | | | |
| Brief educational rationale for use of this institution: | | | | | | | | | | | | | | |