WORK SHEET FOR NEW INSTITUTIONS

The worksheet for New Institutions must be completed in addition to the New Program Application for Base Institutions applying for their first Osteopathic training program. (Electronic submissions are preferred)

A. BASIC INFORMATION

1. Name of the Base Institution
   (the institution to be granted approval to offer osteopathic graduate medical education)

2. Base Institution Street Address

3. Base Institution City/State/Zip  |  4. Phone Number  |  5. Fax Number

6. Specialty

B. DIRECTOR OF MEDICAL EDUCATION

Name of the Proposed Director of Medical Education (Please attach CV, appointment letter and DME Job Description)

The following are minimum qualifications for the position of Director of Medical Education as listed in the AOA Basic Document for Postdoctoral Training (rev. 07/2013) Section VI, A.

1. Graduate of a COCA-approved COM  
   Yes ☐ No ☐

2. Be AOA Board certified or obtain AOA board certification within three (3) years (if board certified by the American Boards of Medical Specialties [ABMS]) through a recognized AOA pathway.  
   Yes ☐ No ☐

3. Member in good standing of both the AOA and AODME  
   Yes ☐ No ☐

4. Minimum three years practice experience  
   Yes ☐ No ☐

5. Minimum three years experience as teaching faculty member in an OGME program or college of osteopathic medicine  
   Yes ☐ No ☐

6. Be attitudinally suited for responsibilities of OGME leadership  
   Yes ☐ No ☐

7. Meet the continuing medical education requirements of the AOA.  
   Yes ☐ No ☐

C. INSTITUTIONAL PROGRAM REQUIREMENTS

1. Are you applying for an Option 2 or Option 3 Specialty?  
   Yes ☐ No ☐

2. If Yes to question above, are you also applying for OGME-1 Preliminary or Traditional Rotating Internship or is there one at an affiliated institution? (Section V, F, 5.1) All Option 2 or 3 specialty residencies must have present in the same or affiliated institution an OGME-1 Preliminary or Traditional Rotating Internship.  
   Yes ☐ No ☐

3. Describe how your Internal Review process will occur (IV, E)

4. Please describe your Institutional Facilities and resources including on-call room, access to nourishment, security, medical records system, conference rooms and access to teaching aids. (IV, G)
5. **Please describe your Library and Educational Resources.** *(IV, H)* You may also attach a list journals and texts

6. Who manages your library resources? *(Please attach CV)*

7. **Please attach a copy of your Institutional Core Competency Plan** *(IV, I)*

8. The base institution shall publish (hard copy and electronic) a **House Staff Manual** *(IV, J, 4.1)* Please attach

9. **Please explain how Osteopathic Principles and Practice** are incorporated into the evaluation and care of all patients of osteopathic attending physicians. *(V, A, 5.7)*

10. How will osteopathic structural examinations be documented on patients of osteopathic attending physicians?

11. **Describe Faculty** development program and method to educate faculty regarding fatigue and sleep deprivation *(V, D)*

12. Please list the Members of your **Medical Education Committee** *(MEC)* and their relevance to program *(e.g. faculty, administration, PD…)* *(VI, E)*

13. How often per year will your MEC meet? *(Please attach meeting schedule)*

14. Please describe how your MEC will ensure the implementation of high quality training programs

15. Please describe how your MEC will participate in the evaluation process

16. Please outline the MEC policy to monitor duty hours and moonlighting compliance

17. Explain the **Trainee Evaluation** process. Attach evaluation forms *(VIII, G)*

18. Explain the **Training Program & Faculty Evaluation** process. Attach evaluation forms *(VIII, H)*

**Required Signatures**

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<th>Signature of Chief Executive Officer</th>
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