



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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
3. Member in good standing of both the AOA and AODME	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Minimum three years practice experience	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Minimum three years experience as teaching faculty member in an OGME program or college of osteopathic medicine	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Be attitudinally suited for responsibilities of OGME leadership	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Meet the continuing medical education requirements of the AOA.	Yes <input type="checkbox"/> No <input type="checkbox"/>

C. INSTITUTIONAL PROGRAM REQUIREMENTS

1. Are you applying for an Option 2 or Option 3 Specialty?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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? (<i>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.</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 (VI, 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

Signature of Chief Executive Officer	Written Name of Signor	Date Signed
Signature of OPTI Officer	Written Name of Signor	Date Signed
Proposed DME	Written Name of Signor	Date Signed