**Emergency Categorization Request Form**

**91 or More Days**

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| *Email this completed and signed form to* *dio@acgme.org**. The ACGME will contact the designated institutional official (DIO) and institutional coordinator after submission to discuss next steps.* |

1. Sponsoring Institution Name

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1. ACGME 10-Digit ID

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1. DIO Name

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1. What is the requested additional term of the Sponsoring Institution’s Emergency categorization?

[ ]  30 days [ ]  Other (please specify) \_\_\_\_\_\_\_\_

1. Describe emergency conditions for GME operations within the Sponsoring Institution. *(Limit 250 words)*

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1. Do emergency conditions exist in all programs of the Sponsoring Institution?

[ ]  Yes [ ]  No

If “No,” indicate the program(s) in which there are emergency conditions for GME operations. *(Add or delete rows as needed.)*

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| **Specialty/Subspecialty Program** | **ACGME Program ID** | **Number of Residents/Fellows** |
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*By signing this form, the DIO:*

* *requests that the Sponsoring Institution and its ACGME-accredited program(s) be granted Emergency categorization;*
* *requests that the ACGME invoke its extraordinary circumstances policy to address significant, pandemic-related alterations to the Sponsoring Institution and its programs to support graduate medical education;*
* *attests that this request for Emergency categorization has been approved by the clinical leadership of the primary clinical site(s) of the Sponsoring Institution’s accredited program(s);*
* *attests that all voting members of the Sponsoring Institution’s Graduate Medical Education Committee have been informed in writing of this request;*
* *attests that all residents/fellows have received accurate written information concerning the effect of reassignments for patient care related to COVID-19 on their ability to complete the program and their eligibility for board certification; and,*
* *attests that the Sponsoring Institution will ensure its compliance with ACGME Institutional Requirements, and will ensure that its ACGME-accredited programs are compliant with specified ACGME Common Program Requirements that protect residents/fellows, health care teams, and patients, as described on the ACGME website.*

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DIO Signature Date