

# Osteopathic Neuromusculoskeletal Medicine Update

Session: SES044

*Presentation Date: February 20, 2026*

# Introductions



**Jennifer Kingery, DO**  
*Chair, Review Committee for Osteopathic  
Neuromusculoskeletal Medicine*



**Tiffany Moss, MBA**  
*ACGME Executive Director*

# Conflict of Interest Disclosure

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## Speaker(s):

Jennifer Kingery, DO – Chair, Review Committee for Osteopathic  
Neuromusculoskeletal Medicine

Tiffany Moss, MBA – ACGME Executive Director

## Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

# Objectives

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- Discuss program statistics and updates regarding the Review Committee composition.
- Provide information about recent determinations made by the Review Committee and the ACGME Board of Directors.
- Review important reminders about the accreditation process.

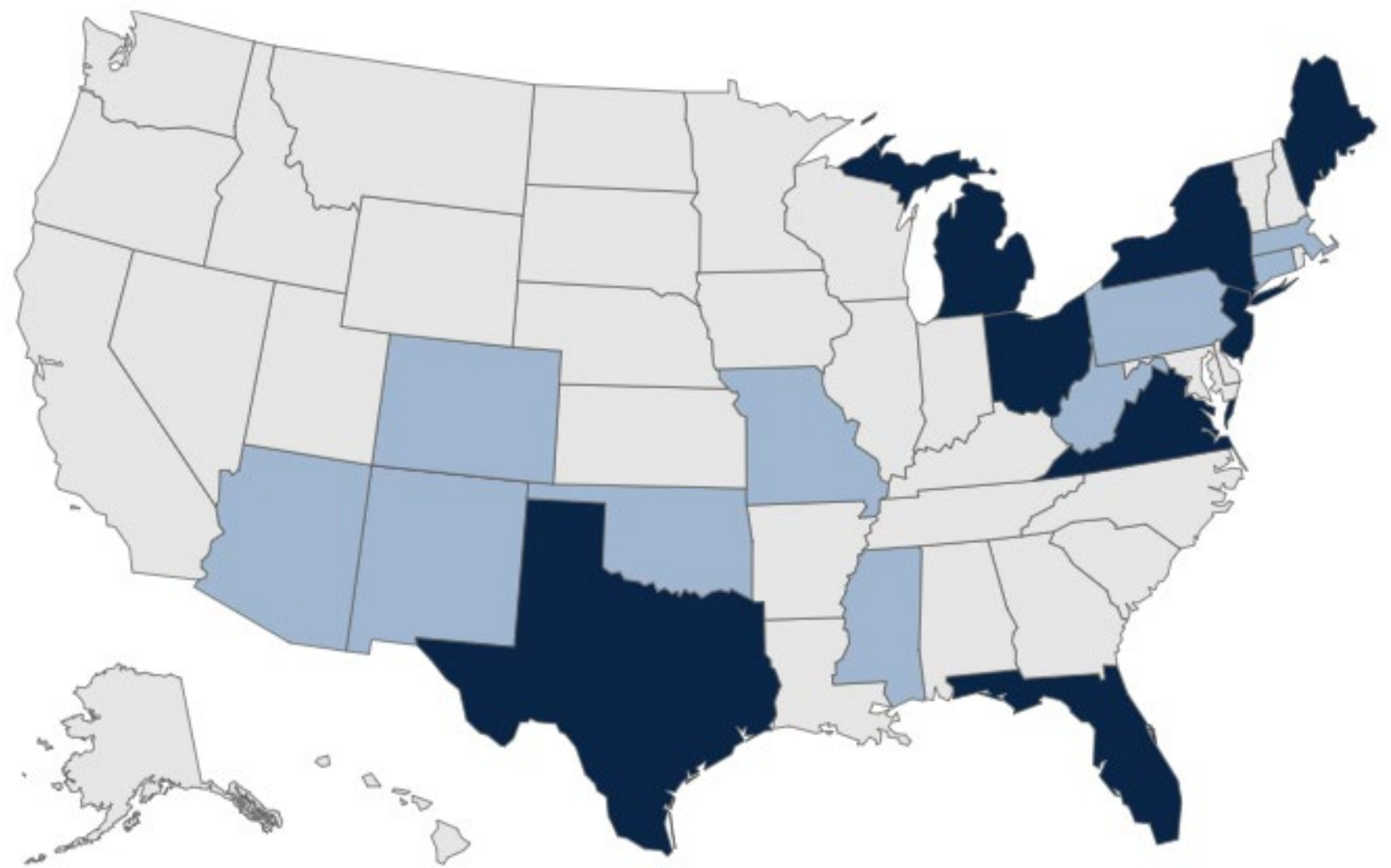
# Program Statistics

# ONMM Program Statistics

	Number of Programs*
Initial Accreditation	1
Initial Accreditation w/ Warning	0
Continued Accreditation	24
Continued Accreditation w/ Warning	1
<b>Total Accredited Programs</b>	<b>26</b>
<i>Initial Accreditation w/ Future Effective Date</i>	1
<i>Pending Applications</i>	1

\*As of February 1, 2026

# Distribution of Accredited ONMM Programs



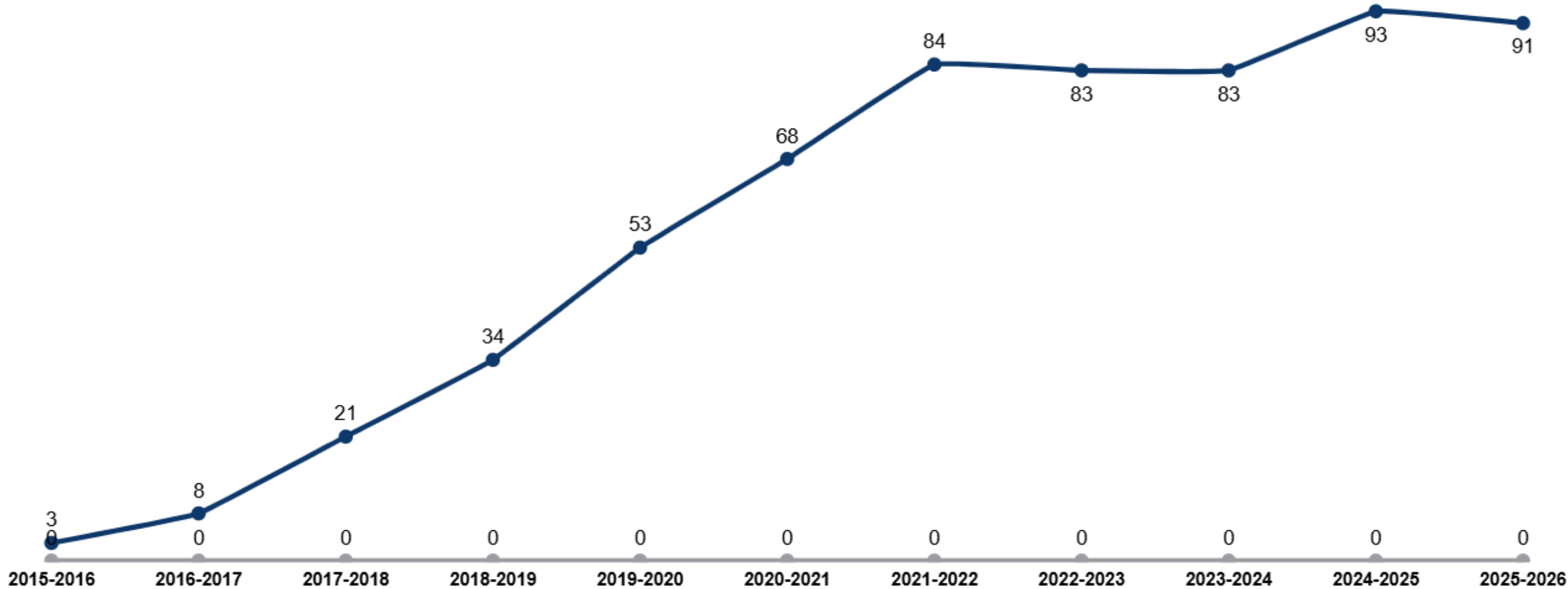
Total

26

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All data as of: February 1, 2026

# Number of ONMM Residents by Academic Year



All data as of: February 1, 2026

# Committee Composition Updates

# Review Committee Leadership



***Jennifer Kingery, DO***  
*Chair*



***Eric Snider, DO***  
*Vice Chair*

# Review Committee Members



Jennifer Kingery, DO  
*Chair*



Eric Snider, DO  
*Vice Chair*



Jacob A. Brower, DO  
*Resident Member*



Kathy A. Kelly, MA, MS  
*Public Member*



Danielle Cooley, DO



David C. Mason, DO, MBA,  
FACOPF



Mathew A. Zatkin, DO

# Departing Members

Thank you to the following Review Committee members with a term ending June 30, 2026:

Jacob Brower, DO (Resident Member)

David Mason, DO

# New Members

The following new Review Committee members will start their term July 1, 2026:

Pamela deWilde, DO

Martin Torrents, DO

*TBD - Resident Member*

# Resident Member Search

- Review Committee is accepting nominations for its next resident member.
- Resident member term: July 1, 2026 to June 30, 2028.
- Residents serve as full voting members of the Review Committee, as well as on the ACGME Council of Review Committee Residents.
- All resident member expenses associated with meeting attendance are paid directly or reimbursed by the ACGME.

# Resident Member Qualifications

- Nominee must be in an osteopathic neuromusculoskeletal medicine program from July 1, 2026 to June 30, 2027 to be eligible.
- Deadline to submit the nomination materials is **April 6**.
- Additional information is available in the Documents and Resources section of the osteopathic neuromusculoskeletal medicine pages of the ACGME website.
- Link: <https://www.acgme.org/specialties/osteopathic-neuromusculoskeletal-medicine/documents-and-resources/>

# DEADLINE EXTENDED AND SPECIALTIES ADDED! ACGME Seeks Appeals Panel Members

The ACGME is seeking physicians to serve on standing Appeals Panels for the following specialties:

- Allergy and Immunology
- Child Neurology
- Colon and Rectal Surgery
- Medical Genetics and Genomics
- Nuclear Medicine
- [Ophthalmology](#)
- [Osteopathic Neuromusculoskeletal Medicine](#)
- Radiation Oncology

## Applicant Criteria

- Must be certified by the relevant American Board of Medical Specialties member board or American Osteopathic Association certifying board.
- Must be able to devote sufficient time to the Appeals Panel work.
- Should have at least three years' experience as a program director, department chair, associate/assistant program director, and/or core faculty member.
  - Applicants not currently serving in one of these roles may be considered if they held one of these positions within the last three years.
- Applicants' programs must have a status of Continued Accreditation.

**Apply by April 30, 2026.**

Email Senior Administrator, Governance, Appeals, Policies, and Procedures **Lisa Davis** for more information.

# Requirement Revisions

# Requirement Reformatting 2025

- All ACGME Requirements (Institutional, Program, and Recognition) were reformatted.
- Requirement references no longer include Roman numerals.
- Reformatted requirement documents were effective July 1, 2025.
- No specialty Program Requirement revisions were made during the reformatting.

# Common Program Requirements Interim Revisions (Effective July 1, 2025)

## III. Resident Appointments

### III.A. Eligibility Requirements

III.A.1. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: <sup>(Core)</sup>

III.A.1.a) graduation from a medical school in the United States ~~or~~ **Canada**, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, <sup>(Core)</sup>

III.A.1.b) graduation from a medical school outside of the United States ~~or-Canada~~, and meeting one of the following additional qualifications: <sup>(Core)</sup>

# Common Program Requirements Interim Revisions (Effective July 1, 2025)

**3.1. Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core)**

## **3.2. Eligibility Requirements**

**An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)**

**3.2.a. graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core)**

**3.2.b. graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)**

# Common Program Requirements Requirement Suspension

(Effective February 7, 2026)

- The ACGME Board of Directors approved the suspension of several Common Program Requirements at its February 2026 meeting, effective immediately.
- Programs will no longer be asked to demonstrate compliance with these requirements.
- The suspended requirements will be part of the Common Program Requirements revisions proposed by the Common Program Requirements Task Force. The community will have the opportunity to provide feedback during review and comment.

# Requirement Revisions/Updates (Effective July 1, 2026)

- Interim Common Program Requirements revisions made in the resident/fellow transfers and faculty certification sections.
- Effective July 1, 2026, Program Requirements will incorporate FAQs. All common FAQs and specialty/subspecialty-specific FAQs will be linked directly to specific requirements, where applicable.

# Common Program Requirements

## Interim Revisions

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[The Review Committee may further specify:]

- (1) additional faculty qualifications unrelated to 2.10.; and/or,
- (2) requirements regarding non-physician faculty members.]

**2.10.a.** Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)

[The Review Committee may further specify regarding the need for other specialty or subspecialty physician faculty members, and unrelated to 2.10.]

### **2.11. Core Faculty**

**Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)**

# Common Program Requirements

## Interim Revisions

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### 3.5. Resident Transfers

The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, ~~and Milestones evaluations upon matriculation.~~ (Core)  
~~[The Review Committee may further specify]~~

3.6. Prior to accepting a transfer resident, the program must obtain from the resident, and retain written confirmation that the resident understands the impact of the transfer on their eligibility for their intended specialty board's initial certification. (Core)

# FAQ Integration into Program Requirements

## 7. Frequently Asked Questions: Anesthesiology

Review Committee for Anesthesiology

ACGME

### Section 1: Oversight

Questions concerning *"The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. (Core)"* (1.2.a)

- Q:** How can affiliation with ACGME-accredited general surgery and internal medicine residency programs be demonstrated?
- A:** If the program's Sponsoring Institution does not sponsor ACGME-accredited residencies in both general surgery and internal medicine, affiliation can be demonstrated to the Review Committee as to the relationship between the programs through an affiliation agreement, program letter of agreement (PLA), or an explanation of how affiliation is demonstrated through the integration of resident education with each of the specialties.

**1.2. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)**

**1.2.a.** The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. (Core)

[See FAQ in Appendix]

Anesthesiology with FAQs  
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Questions concerning *"Residents should not be required to rotate among multiple participating sites. (Detail)"* (1.6.a.1.a)

**Why should residents not be required to rotate among multiple participating sites?**

The intent of this requirement is to ensure residents are not required to travel unnecessarily to hospitals or other clinical sites for education or training that could reasonably be provided locally by the Sponsoring Institution's affiliated sites. The Review Committee understands that some programs, such as those sponsored by institutions in rural areas based on a consortium model, will by necessity have residents rotate across three to four sites to achieve the required rotations. The focus of the requirement is to protect the residents from being used to meet the service needs of multiple hospitals/clinical operations.

Anesthesiology with FAQs  
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# Upcoming Requirement Revisions

(Anticipated Effective Date: July 1, 2027)

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- Due to the raising national interest in nutrition, each specialty Review Committee has been asked to consider including (additional) nutrition requirements.
- ACGME is undertaking this work across all specialty Review Committees this winter and spring.
- Proposed nutrition requirements will be posted for a 45-day public comment period between April and June, with an anticipated future effective date of July 1, 2027.

# Common Program Requirements Major Revision Timeline (Projected)



# Osteopathic Neuromusculoskeletal Medicine Interim Program Requirement Revisions

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- Process initiated at the September 2024 Review Committee meeting.
- Goal: To make minor revisions to the requirements to enhance clarity and understanding of expectations.
- Revisions approved by the ACGME Board of Directors in February 2026 with the revisions effective July 1, 2026.

# Continuity of Care Clinic

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1.7.b.3.

While the program may utilize more than one continuity of care clinic, an individual resident must not be assigned to more than ~~three~~ one continuity of care clinic sites at any one time, unless there is an educational rationale for an assignment to an additional clinic(s). (Core)

# Competence in OMT Techniques

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- 4.5. ACGME Competencies – Patient Care and Procedural Skills (Part B)**  
**Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)**
- 4.5.a. Residents must demonstrate competence in the appropriate application, as documented in the medical record, of a broad variety of both direct and indirect osteopathic manipulative treatment techniques, including, but not limited to, ~~high velocity/low amplitude (HV/LA)~~, articulatory, balanced ligamentous technique, facilitated positional release, counterstrain, functional technique, high velocity/low amplitude (HV/LA), ligamentous articular strain, lymphatic techniques, muscle energy, ~~strain-counterstrain~~ myofascial release, osteopathic cranial manipulative medicine, soft tissue, Still technique, and visceral manipulation. (Core)

# Continuity of Care Clinic Experience

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## 4.11.d. Continuity of Care Clinic Experience

A system must be in place to identify the r~~Residents must be identified as~~  
responsible, under supervision of an osteopathic neuromusculoskeletal medicine  
physician, for the care of a designated panel of ~~continuity of care clinic patients~~ at  
their continuity of care clinic site(s). (Core)

# Continuity of Care Clinic and Panel Patients

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- 4.11.d.2. ONMM1 Level of Entry  
Residents who entered the program at the ONMM1 level must:
- 4.11.d.2.a. devote at least an average of one half-day per week in the continuity of care clinic where they provided osteopathic evaluation and treatment in the first 12 months of the program; and, <sup>(Core)</sup>
- 4.11.d.2.b. during the last 24 months of the program, devote an average of three half-days per week in the continuity of care clinic where they provide osteopathic evaluation and treatment. <sup>(Core)</sup>
- 4.11.d.2.c. document patient care encounters that include osteopathic evaluation and treatment in the continuity of care clinic, prior to completion of the 36-month program; for:
- 4.11.d.2.c.1. a minimum of ~~250~~ 150 unique designated panel patients in the continuity of care clinic; and, <sup>(Core)</sup>
- 4.11.d.2.c.2. a minimum of 1,000 osteopathic neuromusculoskeletal medicine patient care encounters supervised by a neuromusculoskeletal medicine physician. <sup>(Core)</sup>

# Continuity of Care Clinic and Panel Patients

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- 4.11.d.3. ONMM2 Level of Entry  
Residents entering the program at the ONMM2 level of the program must:
- 4.11.d.3.a. devote an average of three half-days per week in a continuity of care clinic where they provide osteopathic evaluation and treatment; (Core)
- 4.11.d.3.b. document patient care encounters that include osteopathic evaluation and treatment in the continuity of care clinic, prior to completion of the 24-month program, for:
- 4.11.d.3.b.1. a minimum of 250-150 unique designated panel patients in the continuity of care clinic; and, (Core)
- 4.11.d.3.b.2. a minimum of 1,000 osteopathic neuromusculoskeletal medicine patient care encounters supervised by a neuromusculoskeletal medicine

# Continuity of Care Clinic and Panel Patients

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- 4.11.d.4. ONMM3 Level of Entry  
Residents entering the program at the ONMM3 level of the program must:
- 4.11.d.4.a. devote an average of three half-days per week in a continuity of care clinic where they provide osteopathic evaluation and treatment; <sup>(Core)</sup>
- 4.11.d.4.b. document patient care encounters that include osteopathic evaluation and treatment in the continuity of care clinic, prior to completion of the 12-month program, for:
- 4.11.d.4.b.1. a minimum of ~~475~~ 75 designated panel patients in the continuity of care clinic; and, <sup>(Core)</sup>
- 4.11.d.4.b.2. a minimum of 700 osteopathic neuromusculoskeletal medicine patient care encounters supervised by a neuromusculoskeletal medicine physician. <sup>(Core)</sup>

# Settings of Required Experiences

4.11.f.3.

ONMM1 Level of Entry

Residents entering at the ONMM1 level must complete the following ~~curriculum~~  
over the 36-month program curriculum in a combination of inpatient and  
outpatient experiences which occur in settings appropriate for the specialty or  
subspecialty experience, and which consist of the following: (Core)

# Individualized Learning Plans

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4.11.f.3.b.5.a.

The ~~r~~Remaining rotations in the final 24 months of the curriculum must be elective ~~rotations~~ experiences driven by each resident's individualized learning plan and must address the needs of future practice goals. (Core)

# Allowance for Required Outpatient ONMM Rotations

Can a program require outpatient osteopathic neuromusculoskeletal medicine rotations?

*[Program Requirements: 4.11.f.4.b.5.a., 4.11.f.5.e.1., and 4.11.f.6.b.]*

Program directors may require residents to complete one outpatient neuromusculoskeletal medicine rotation per program year. This experience is intended to allow residents to gain experiences they may not be able to gain during their time in the continuity of care clinic due to the format of that experience. This may include focused practice management experience, patient care practice focused on a specific patient population(s) within neuromusculoskeletal medicine, an opportunity to work with a wider variety of neuromusculoskeletal medicine specialists to experience a larger variety in style and treatment modalities, etc.

This rotation would be in addition to the existing requirement for a resident to provide osteopathic evaluation and treatment in a neuromusculoskeletal medicine continuity of care clinic. Residents could still complete elective rotations in outpatient neuromusculoskeletal medicine, as well as outpatient neuromusculoskeletal medicine rotations required as a part of a remediation plan.

# In-Training Exam

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- 5.1.b.3. The program must include a national objective, secure, and proctored neuromusculoskeletal medicine in-training examination that is annually administered and includes a written and a practical exam, as a component in assessing the resident's medical knowledge in osteopathic neuromusculoskeletal medicine. (Core)
- 5.1.b.3.a. The program director must review the results of the annual in-training examination with each resident by the end of the program year. (Core)

# Review Committee Updates

# ACGME Case Log Updates

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- Residents will no longer record the body region(s), listed in the Segmental and Somatic Dysfunction menu, when logging an ONMM patient encounter. (Effective July 1, 2025)
- Treatment technique list was enhanced to provide residents with a greater range of techniques and an “other osteopathic manipulative treatment technique” option to ensure all possible techniques can be accounted for in the Case Log System.

# ACGME Case Log Treatment Technique List

- Articular **Method**
- Balanced Ligamentous Tension/Ligamentous Articular Strain Method
- Biodynamic osteopathy
- Chapman reflex treatment
- Counterstrain Method
- Facilitated Positional Release
- Fascial distortion model
- Functional Method
- High Velocity/Low Amplitude **Method**
- Inhibitory pressure
- ~~Indirect Method~~
- Lymphatic technique
- Muscle Energy **Method**
- Myofascial Release (direct and/or indirect)
- Osteopathic Cranial Manipulative Medicine
- Percussion Vibrator Method
- Progressive Inhibition of neuromuscular structures
- Soft Tissue **Method**
- Still Technique
- Visceral Manipulation
- Other Osteopathic Manipulative Treatment Technique

# ACGME Case Log Announcement

Link:

<https://www.acgme.org/specialties/osteopathic-neuromusculoskeletal-medicine/documents-and-resources/>



#ACGME2026

## Osteopathic Neuromusculoskeletal Medicine Case Log System Review Committee for Osteopathic Neuromusculoskeletal Medicine

Since September 2016, residents in ACGME-accredited osteopathic neuromusculoskeletal medicine programs are required to log all osteopathic neuromusculoskeletal medicine patient encounters, supervised by osteopathic neuromusculoskeletal medicine physicians, in the ACGME Case Log System. The Review Committee uses the Case Log System to confirm that residents have the required patient encounters and procedures appropriate to their level in the program, as outlined in the Program Requirements. Patient encounters and procedures completed in a primary residency or preliminary year must not be entered into the Case Log System for osteopathic neuromusculoskeletal medicine.

Programs and residents access the ACGME Case Log System through the Accreditation Data System (ADS) or by clicking on the "Case Log System" link in the "ADS" drop-down menu in the top right-hand corner of the ACGME website ([www.acgme.org](http://www.acgme.org)). Once in the system, residents access the logging screens from the "Case Log" tab. Both programs and residents also have access to several Case Log reports in the system.

### Logging Patient Encounters

Residents must follow the instructions in the "Case Log Instructions for Osteopathic Neuromusculoskeletal Medicine" guide, available in the Documents and Resources page of the [Osteopathic Neuromusculoskeletal Medicine](#) section of the ACGME website. Residents must provide the following information when logging an osteopathic neuromusculoskeletal medicine patient encounter supervised by an osteopathic neuromusculoskeletal medicine physician:

- Unique patient identifier
- Date of patient encounter
- Attending
- Patient age group (>=18 yrs and <=65; <18 yrs; or >65)
- Setting (inpatient or outpatient)
- Patient type, if applicable (e.g., OBGYN, pediatric, or surgical); more than one type may be selected for a patient
- Treatment technique; more than one type may be selected for a patient

### Update: July 1, 2025

Effective July 1, 2025, the requirement for residents to identify a Somatic Dysfunction when logging a patient encounter has been discontinued. **Note that patient encounters only count toward meeting established patient encounter minimums, as outlined in the Program Requirements, when the logged patient encounter includes a treatment technique.** If a resident's patient encounter minimum count has dropped from the previous academic year, it is likely that the resident did not log patient encounters with a treatment technique, which has always been a requirement.

### Update: January 2026

Effective January 2026, the list of treatment techniques was expanded and now includes an "other" option to log a technique that is not in the list. Residents are not required to update patient encounters that were logged prior to the availability of the expanded list.

### Injection Procedures

Residents must also log all injection procedures performed during the program. The Review Committee is tracking injection procedures logged with the following CPT codes: 20550; 20551;

# Review Committee Meeting Dates

*Coming Soon: 2027 Meeting Dates*

Meeting Date	Agenda Closing Date
<b>April 10, 2026</b>	January 5, 2026
<b>August 14, 2026</b>	June 1, 2026

# Annual ADS Data Collection

# Reporting: Faculty Members' Scholarly Activity

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- Effective July 1, 2025, programs were no longer required to report faculty scholarly activity by faculty member in the Accreditation Data System (ADS).
- Programs are now required to respond to two scholarly activity questions about scholarly domains and dissemination methods.

Note: Reporting of scholarly activity for residents has remained unchanged.

# Faculty Scholarly Activity Questions

The image shows a screenshot of a web application interface. At the top, there are navigation tabs: 'Overview', 'Program', 'Faculty', 'Residents', and 'Sites'. The 'Faculty' tab is selected, and a dropdown menu is open below it. The menu items are: 'Program Profile', 'Program Resources and Curriculum', 'Overall Evaluation Methods', 'Citations', 'Major Changes and Other Updates', 'Notification Letters', 'Recognition/Designation', and 'Requests'. The 'Program Resources and Curriculum' item is highlighted with a red rectangular box, and a large red arrow points to it from the right. On the left side of the interface, there are sections for 'Internal Med' and 'ADS Role'.

**Check all domains in which your faculty members demonstrated accomplishments in scholarly activity in the past academic year:**

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed grants
- Quality Improvement and/or patient safety initiatives
- Systematic reviews, meta-analysis, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education
- Other

**If "Other", describe:**

**Check all methods used to disseminate faculty scholarly activity within and external to the program in the past academic year:**

- Peer reviewed publications
- Grand rounds
- Posters
- Workshops
- Quality improvement presentations
- Podium presentations
- Grant leadership
- Non peer-reviewed print/electronic resources, articles or publications
- Book chapters
- Textbooks
- Webinars
- Service on professional committees
- Serving as a journal reviewer, journal editorial board member, or editor
- Other

**If "Other", describe:**

## ACGME NEWS

### **NEW!** ACGME Resident/Fellow and Faculty Surveys

The ACGME's annual Resident/Fellow and Faculty Surveys for programs in the US open February 9, 2026, and will close April 10, 2026.

Sponsoring Institution and program leaders will receive survey alerts throughout the administration period and must notify survey takers using the existing mechanisms in the Accreditation Data System (ADS).

Programs should review and, if necessary, update their Resident/Fellow and Faculty Rosters in ADS before the surveys open to ensure accurate scheduling.

#### **New This Year**

Residents/fellows who started in the program this year and currently hold a status of "Started program off-cycle" WILL be scheduled to participate in the survey as long as they have been in the program for at least 60 days.

Email questions to [ads@acgme.org](mailto:ads@acgme.org).

# Resident and Faculty Survey Administration

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Survey window: February 9-April 10

New: Residents that started the program off-cycle this academic year will be scheduled to participate in the survey as long as they have been in the program for 60 days.

Reminder: Ensure that resident rosters are updated, including whether residents are on leave. Updates made after the survey has opened will not be reflected in this survey administration.

# ADS Update Best Practices

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- Update changes to the faculty roster in real-time, including adding/removing faculty members.
- Review the ADS faculty roster instructions to ensure all required faculty members are listed on the roster and have active board certification.
- Action plans associated with survey results, board certification performance, and/or clinical experience data included in the Major Changes box in ADS, should refer to the most recent survey.

# Reminders

# Continued Accreditation Site Visits

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- Continued Accreditation site visit process launched in January 2024, which is a random sampling of programs.
- For 2026, the ACGME randomly selected 250 program for site visits, which is up from the 200 programs selected in 2025.
- Notifications were sent in late 2025, with site visits occurring in 2026.
- None of the ONMM programs were randomly selected for a site visit in 2024, 2025, or 2026.

## ACGME NEWS

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### **NEW!** Self-Study Requirements No Longer Monitored

Effective July 1, 2025, the Self-Study requirements for Sponsoring Institutions (Institutional Requirement 1.5.) and programs (Common Program Requirement 5.5.h.) are no longer being monitored.

Accreditation Field Representatives and Review Committees will not ask for or review any information related to these requirements. This change is part of the ACGME's continued effort to strengthen accreditation processes while simplifying and reducing administrative burden.

The Institutional and Common Program Requirements will be updated as part of their next major revisions, underway now.

Email questions to [accreditation@acgme.org](mailto:accreditation@acgme.org).

# Annual Program Evaluation

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- The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation.
- Must be distributed to and discussed with the residents and the members of the teaching faculty.
- Recommended that it be presented at a resident and faculty meeting to ensure awareness and understanding.

# Common Program Requirements Supervision Requirements

## Levels of Supervision

~~*To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision.*~~

### 6.7. Direct Supervision

*The supervising physician is physically present with the resident during the key portions of the patient interaction.*

[The Review Committee may further specify]

*The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.*

[The RC may choose to eliminate this piece of the definition]



# ONMM Supervision Requirements

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## Levels of Supervision

*To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision.*

### 6.7. Direct Supervision

*The supervising physician is physically present with the resident during the key portions of the patient interaction.*

**The ONMM Review Committee did not accept the direct supervision language that allowed for concurrent monitoring through telecommunication technology.**

# International Experience FAQs

Question	Answer
<p>Does the Review Committee permit residents to complete rotations outside of the United States and its territories?</p>	<p>A program may submit a request to the Review Committee to offer educational experiences outside of the United States and its territories, also referred to as an international rotation. International experiences may only be offered through elective rotations. The program may not fulfill required rotation requirements, including selective rotation requirements, with international experiences.</p> <p>If a program would like to submit a request to the Review Committee to offer an international educational experience, the following must be provided in or appended to a formal letter sent via email to the Review Committee Executive Director:</p> <ul style="list-style-type: none"> <li>• Location of the experience</li> <li>• Duration of the experience</li> <li>• Description of the experience, including competency-based goals and objectives</li> <li>• Description of the supervision provided on experience, including the credentials of the individual(s) providing supervision</li> <li>• Plan for resident safety during the rotation</li> </ul> <p>The program may also offer international experiences during vacation or leave from the program.</p>
<p>Who can supervise residents while on a Review Committee-approved elective rotation outside of the United States and its territories?</p>	<p>Residents must be supervised on all experiences by a faculty member whose qualifications meet those outlined in the Program Requirements, including current certification by an AOA certifying board or American Board of Medical Specialties (ABMS) member board.</p>

# ONMM Graduate Eligibility for Fellowship

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Addiction Medicine

Clinical Informatics

Correctional (Carceral) Medicine (*Sponsoring Institution-Based Fellowship*)

Health Care Administration, Leadership, and Management (*Sponsoring Institution-Based Fellowship*)

Pain Medicine

Sports Medicine

# New Program Applications

# New Program Application Resources

## Program Applications

### Overview

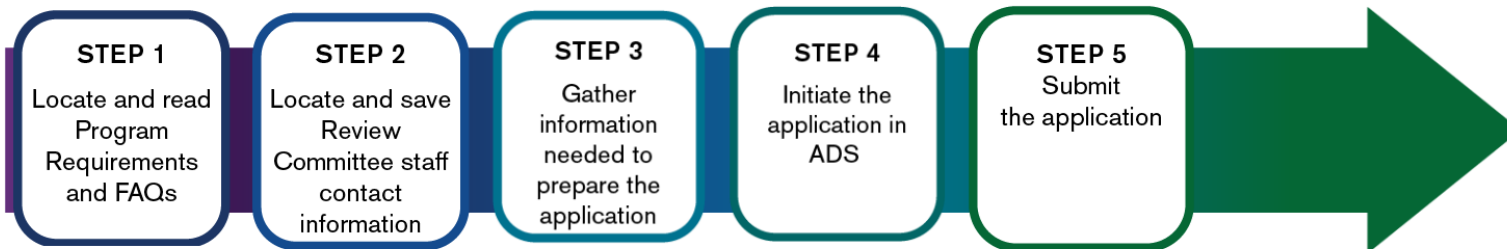
Share This

An ACGME-accredited Sponsoring Institution interested in seeking ACGME accreditation for a program must initiate, prepare, and submit a program application. It typically takes six to 12 months to gather the necessary information and complete the program application. After the submission of the application, it may take four to 12 months for the relevant Review Committee to make an accreditation decision regarding the program's application. This page provides additional information about the application submission and review process for program accreditation applications.

For an institution to apply for accreditation of a program, it must be accredited by the ACGME as a Sponsoring Institution. Learn more about Sponsoring Institution accreditation [here](#).

### Submission of a New Program Application

Click on a step to jump to that section below.



#### CONTACT US

[accreditation@acgme.org](mailto:accreditation@acgme.org)

Review Committee staff member details can be found using the [Guide to Locating Specialty-Specific Accreditation Resources](#).

[Checklist of Specialty Application Attachments](#)

[Specialty and Subspecialty Information Table](#)

[ACGME Specialties](#)

[Site Visit](#)

[Guide to the Common Program Requirements](#)

[Common Program Requirements](#)


[Common Program Requirements FAQs](#)

[Milestones Guidebooks and Other Resources](#)

### Other Resources

# Learn at ACGME Module

Visit [ACGME.org](https://www.acgme.org)



[GME COMMUNITY](#) [WELL-BEING](#) [ASSESSMENT](#) [EQUITY MATTERS](#) [CREATE AN ACCOUNT](#) [CONTACT US](#)


## Applying for Program Accreditation

Welcome to this three-course series designed to guide you through the key steps of preparing, completing, and submitting an application for program accreditation. Throughout the series, you'll learn what information you need to gather to prepare an application, how to navigate an interactive general application in ADS, and identify the essential steps in the review process post-submission. Resources have been linked within each course to support your journey.

MILESTONES

### Applying for Program Accreditation - Part 1

Applying for Program Accreditation - Part 1 ELECTIVE



Part 1:  
Preparing an Application for Program Accreditation

Interactive Course

This module is designed to provide programs with an overview of the key steps in the application process and a thorough review of an application timeline.

[View Details](#)

Question	Answer
<b>Other</b>	
<p>What elements must already be in place for a new osteopathic neuromusculoskeletal medicine program to achieve ACGME accreditation?</p>	<p>The Review Committee for Osteopathic Neuromusculoskeletal Medicine will expect new program applications to have the following elements already in place in order to demonstrate substantial compliance with Program Requirements and become accredited:</p> <ul style="list-style-type: none"> <li>• A qualified program director must be hired and have appropriate licensure and clinical appointments.</li> <li>• All program letters of agreement needed for required and elective rotation experiences must be fully executed.</li> <li>• At least one board-certified or board-eligible neuromusculoskeletal medicine physician faculty member must have clinical privileges at the site where the neuromusculoskeletal medicine inpatient consultation service and rotation will take place.</li> <li>• A neuromusculoskeletal medicine or osteopathic manipulative medicine consultation service must be in place at the site where the required resident neuromusculoskeletal medicine inpatient consultation service and rotations will take place.</li> <li>• The program director or a faculty member that is board certified or board eligible in neuromusculoskeletal medicine must have an active neuromusculoskeletal medicine practice in the location of the program's continuity of care clinic or geographically close to the continuity of care clinic location.</li> <li>• The program must have a continuity of care clinic location that is a functioning ambulatory clinic.</li> <li>• The program must be able to demonstrate outpatient neuromusculoskeletal medicine patient volume to support the resident complement requested in the application. If the outpatient neuromusculoskeletal medicine patient volume is not available for the 12-month period of time requested in the specialty-specific application, then the program may provide patient data for at least six months showing sustained increase in clinic patient volume through new patient visits, follow-up visits, and total patient volume.</li> </ul>

# Resources

[Improvement and Initiatives](#) ▾[Education and Resources](#) ▾[Accreditation Data System \(ADS\)](#)[ACGME Cloud](#)[ACGME Surveys](#)[Case Log System](#)[Institution and Program Finder](#)[ADS Help Center](#)

# Introducing ACGME Cloud

Reducing Burden. Reimagining GME.



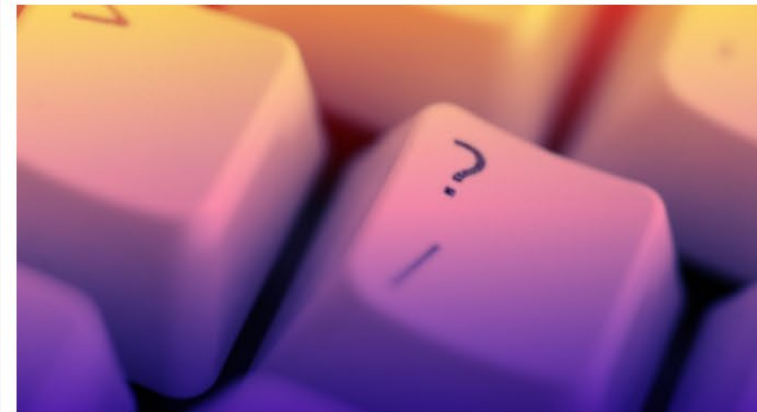
## Accreditation Data System (ADS)

The Accreditation Data System (ADS) is a data collection system to



## Analytics

Personalized, self-service access to data, analytics, reports,



## Training

Registration for live courses and workshops, as well as access to pre-

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# Explore Public Data

Public data is a collection of current and historical data related to the accreditation process. The intended use is a reference for policymakers, residency/fellowship program directors, institutional officials, and others to identify and clarify issues affecting the accreditation of graduate medical education programs.

🔍 Institution and Program Finder



## Explore Programs

Trends, statuses, geographic distribution, program director, faculty, and program activities in ACGME-accredited programs

Select Program Data



## Explore Residents / Fellows

Characteristics of active, graduating residents, and residents who completed their education, or left prior to completion.

Select Residents / Fellows Data



## Explore Sponsoring Institutions

ACGME-accredited Sponsoring Institutions, including accreditation status, sponsor size, geographic location, institution type, and DIO changes

Select Sponsoring Institutions Data



## Explore Participating Sites

Information and trends on the number of unique participating sites, plus data on sites by specialty and subspecialty.

Select Participating Sites Data



## Explore Recognition / Designation

Recognition and designation information on program, resident/fellow, sponsoring institution, or participating sites with Osteopathic Recognition, Non-Standard Training recognition, or Rural Track designation acknowledgment.

🔗 Osteopathic Recognition Data



## Explore Milestones

Explore Milestones by specialty or subspecialty, along with online resources such as Milestones Guidebooks, FAQs, national reports, and discover opportunities to engage with the ACGME on Milestones development and review.

🔗 Milestones Data




## Explore Archives

This online resource contains copyrighted editions of historical Requirements, GME Data Resource Book documents published by ACGME, and the AMA Green Books published by the AMA.

Select Archive

# Explore Public Data

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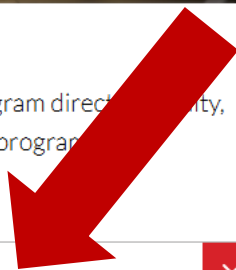
Select Residents / Fellows Data



## Explore Sponsoring Institutions

ACGME-accredited Sponsoring Institutions, including accreditation status, sponsor size, geographic location, institution type, and DIO changes.

Select Sponsoring Institutions Data





Academic Year

Accreditation Status

All

All

Clear All

Explore Data

Program Search

Filter Specialty or Subspecialty

Specialty

Filter Specialty Category

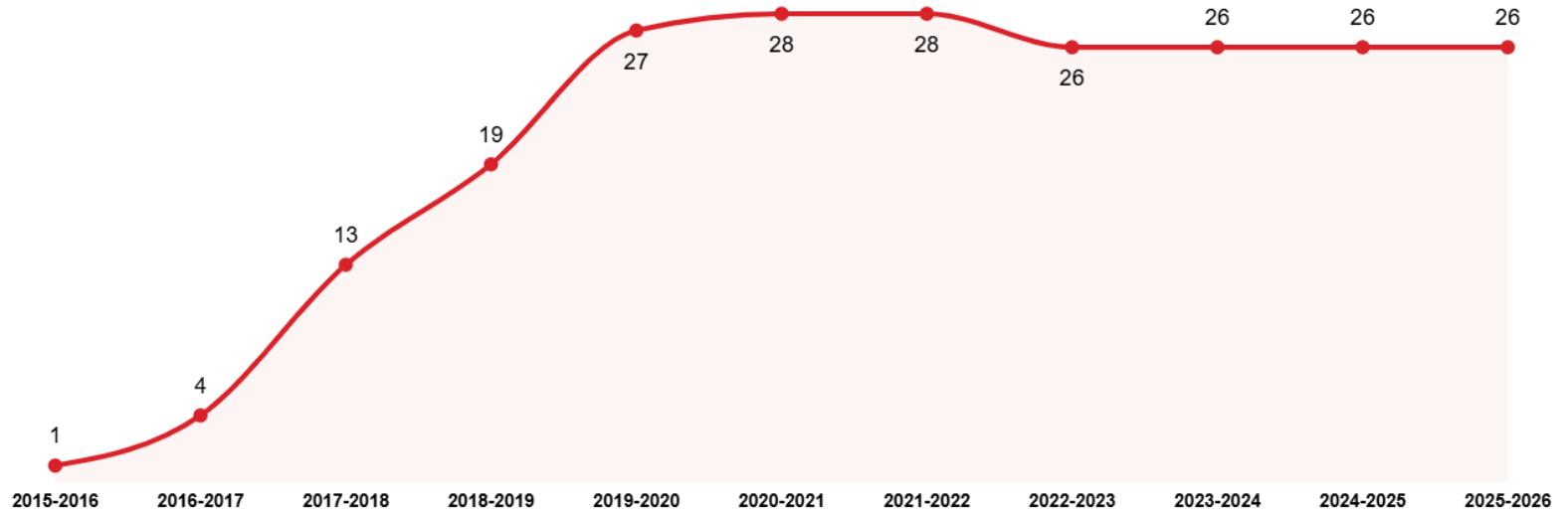
Pipeline Program

Specialty

- Obstetrics and gynecology
- Ophthalmology
- Orthopaedic surgery
- Osteopathic neuromusculos...
- Otolaryngology - Head and N...
- Pathology-anatomic and clini...
- Pediatrics
- Physical medicine and rehabi...
- Plastic surgery
- Plastic Surgerv - Integrated

Number of ACGME-Accredited Programs

by academic year, total programs column



Select an **Academic Year (only one)** from the chart above, then click 'See Details' to open details table.

See Details



*Register today! After registering you'll receive a confirmation with "Add to Calendar" option*

 Listening  Information  News  Collaboration

Your monthly connection to ACGME updates and collaboration

- ✓ Stay informed on important updates and initiatives
- ✓ Engage in interactive activities
- ✓ Provide feedback and share ideas
- ✓ Visit the page on [acgme.org](https://www.acgme.org/education-and-resources/acgme-linc/) to view upcoming sessions and register: <https://www.acgme.org/education-and-resources/acgme-linc/>



[Add to Calendar\(.ics\)](#) | [Add to Google Calendar](#) | [Add to Yahoo Calendar](#)

# It's Back! Program Coordinator Handbook

## Program Coordinator Handbook

The Program Coordinator Handbook is a comprehensive guide for residency and fellowship coordinators of ACGME-accredited programs, developed by the 2019-2023 ACGME Coordinator Advisory Group. This handbook serves as a guide for both new and experienced program coordinators seeking to expand their knowledge of specific topics, tasks, and responsibilities associated with their role.

- [Program Coordinator Handbook](#)

This handbook aligns with the free online Learning Path in [Learn at ACGME](#), called [Program Coordinator Handbook Companion: Paving Your Path to Success](#).

*Coordinator Resources Page: <https://www.acgme.org/additional-resources/>*

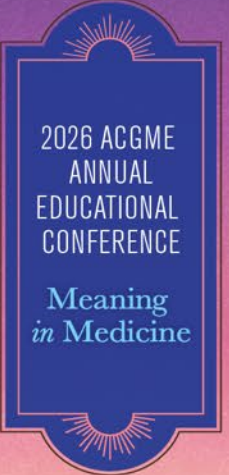


# Program Coordinator Handbook

## Program Coordinator Handbook

A comprehensive guide for residency and fellowship coordinators of ACGME-accredited programs, developed by the 2019-2023 ACGME Coordinator Advisory Group (Terry Bennett, Timothy Burns, Coranita Burt, Michelle Cichon, Anne Hardie, Laurie Hein, Megan Kinane Hosmer, Krista Lombardo-Klefos, Kandice McLeod, Vicky Norton, Thea Stranger-Najjar, and Joseph Stuckelman).

Updated January 2026



## FUNDING OPPORTUNITY FOR RESIDENT AND FELLOW LEADERS



### OPPORTUNITY DESCRIPTION

Resident- or fellow-developed and led projects to enhance meaning in clinical learning environments by fostering the physician-patient relationship

**FUNDING OPTIONS**  
1: up to \$10,000  
2: up to \$5,000



### PROJECT ASSESSMENT CRITERIA

- Strengthens relationships with patients
- Sustainable
- Adaptable to other programs or contexts
- Innovative and cost-effective



### PROJECT FUNDING

Additional travel stipend available to offset costs to attend Learning Collaborative meetings in Chicago, Illinois and the 2028 ACGME Annual Educational Conference in Orlando, Florida.



**SCAN QR CODE  
FOR MORE INFO**

**PROPOSALS DUE:  
APRIL 20, 2026**

The background features a sunset scene with a palm tree silhouette on the left and a blue gradient overlay. The text 'Questions?' is centered in white on the blue overlay.

# Questions?

# Thank you!

Tiffany Moss, MBA  
Executive Director  
[tmoss@acgme.org](mailto:tmoss@acgme.org)  
312.755.5490