

OFF-CYCLE REQUEST FORM

As the Program Director of the _____ Residency/Fellowship program,
I am submitting this request to the TTUHSCEP DIO for review.

Applicant Name: _____

Applicant Current/Previous Training Program: _____

Important Note: Per ACGME-CPRs-III.C (Resident Transfers) the Program Director must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of transferring resident, and Milestones evaluations upon matriculation.

What is the program's *projected* start date? _____

Does this applicant need a J-1 visa? Yes No

Does the program have funding for this applicant? Yes No

Will the program need a temporary increase in complement to cover the end of his/her training? Yes No

Justification for selecting the applicant outside of the match *(if additional space is needed, please attach sheet)*

The Program Director must submit the following documents for review:

1. TTUHSCEP Application
2. Incoming Trainee Data Form
3. ECFMG Certificate (*if applicable*)
4. USMLE/COMLEX Transcript of Scores
5. If applicant has previous training:
 - a. Verification of Previous GME training
 - b. A summative competency-based performance evaluation
 - c. Letter of Credit
 - d. Letter of Resignation (*if applicable*)

Program Director Name

Program Director Signature

Date

FOR GME OFFICE USE ONLY

After review, the DIO has made the following decision:

____ **Proceed**

____ **Hold**

Comments:

DIO Name

DIO Signature

Date