**Pandemic Emergency Status Declaration Form**

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| *Email completed and signed forms to* *dio@acgme.org**. The ACGME will contact the designated institutional official (DIO) with any questions and will send confirmation of Pandemic Emergency Status declaration to the DIO and institutional coordinator.* |

1. Sponsoring Institution Name

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1. ACGME 10-Digit ID

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1. Designated Institutional Official Name

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1. Pandemic Emergency Status Requested Start Date

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1. What is the term of the Sponsoring Institution’s declaration of Pandemic Emergency Status?

[ ]  30-day declaration [ ]  Other end date (less than 30 days only) .

1. The Sponsoring Institution may exempt programs from this declaration only if those exempted programs have no participating sites in common with other programs that are subject to this declaration. If the Sponsoring Institution wishes to exempt programs from this declaration, list the programs to be exempted and their participating sites. Add rows as needed.

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| **Specialty/Subspecialty** | **ACGME ID** | **Participating Site(s)** |
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*By signing the Pandemic Emergency Status Declaration Form, the designated institutional official:*

* *requests that the Sponsoring Institution and its ACGME-accredited program(s) be granted Pandemic Emergency Status through the ACGME’s Extraordinary Circumstances policy;*
* *attests that this request for Pandemic Emergency Status 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; and,*
* *attests that the Sponsoring Institution will ensure that its ACGME-accredited programs are compliant with specified ACGME Common Program Requirements that protect residents/fellows, health care teams, and patients throughout the term of the Pandemic Emergency Status declaration.*

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Designated Institutional Official Signature Date