

Instructions for Requesting ACGME Rural Track Program Designation Medically Underserved Areas/Populations and GME

This instructional document was created to assist programs requesting an ACGME Rural Track Program (RTP) designation* so they can better prepare for and navigate the ACGME RTP designation processes.

Designation Processes

There are two RTP designation types. To request ACGME RTP designation of either type, a program submits information in the Accreditation Data System (ADS).

ACGME RTP Designation: Type 1 (separately accredited program)

There are three sections of the ACGME RTP designation (Type 1) request:

- 1) Program director information
- 2) Program information (program details and participating site information)
- 3) Block diagram and RTP Rotation Information Form uploads

The program director may complete sections of the program's accreditation application while the ACGME's response to a request for RTP designation (Type 1) is pending.

Receipt of ACGME RTP designation (Type 1) is contingent on the program's achievement of Initial Accreditation. Initial Accreditation is a status conferred by ACGME Review Committees following policies set forth in the ACGME Manual of Policies and Procedures.

ACGME RTP Designation: Type 2 (expansion of existing program with new rural site) There are five sections of the ACGME RTP designation (Type 2) request:

1) Program information updates (if applicable)

- 2) Participating site information (add at least one new rural participating site)
- 3) Faculty information (if applicable)
- 4) Permanent complement increase request
- RTP Rotation Information Form and Specialty-Specific Rural Track Program Questionnaire (if applicable) uploads

Receipt of ACGME RTP designation (Type 2) is contingent on approval of the permanent complement increase request from the relevant Review Committee. Permanent complement increases are reviewed consistent with ACGME policies and procedures and Review Committee processes.

RTP Designation Type 1 Instructions

RTP Designation Type 2 Instructions

Email <u>muap@acgme.org</u> with questions.

*The ACGME RTP designation is independent of any rural track designation by the Centers for Medicare and Medicaid Services (CMS) and does not guarantee that a program will meet CMS eligibility requirements for GME or other financial support. If you have questions about the CMS rural track policy, contact your GME finance staff and/or the Prospective Payment System (PPS) hospital's Medicare Administrative Contractor (MAC).

Steps to Initiate and Submit a Request for ACGME RTP Designation (Type 1)

1. The designated institutional official (DIO) initiates a program accreditation application in the ACGME's Accreditation Data System (ADS).

Sponsored Program Application Verify/Sign Application

2. The DIO selects the specialty of the new program and clicks "Proceed."

New Program Application	
Application Instructions	~
Select specialty of new program:	
Allergy and immunology	
* = unavailable	
Proceed	
COME © 2021 Accreditation Council for Graduate Medical Education (ACGME)	

3. When completing the "Basic Information" section, the DIO indicates the program is seeking designation as an ACGME Rural Track Program.

1. Basic Informa	tion
Program State:	
Arkansas	v
What is the plann	ed start date for the first class of residents/fellows: 0
July 1st	~ X
Length of accredi	
	ted residentrellow training (in years):
Please Select	v
Please Select	v
Please Select	v currently have residents/fellows:
Please Select Does this program O Yes	i currently have residents/fellows:
Please Select Does this program Yes No	i currently have residents/fellows:
Please Select Does this program Yes No Are you seeking o	esignation as an ACGME Rural Track Program?
Please Select Does this program Yes No Are you seeking o This designation is	esignation as an ACGME Rural Track Program? ntended to be consistent with the CMS definition of a 'rural track,' in the Code of Federal Regulations [413.79(k)]. Selecting 'Yes' will ini
Please Select Does this program Yes No Are you seeking of This designation is the RTP designation	esignation as an ACGME Rural Track Program? ntended to be consistent with the CMS definition of a 'rural track,' in the Code of Federal Regulations [413.79(k)]. Selecting 'Yes' will ini i request process. Visit the ACGME Rural Track Program designation web page to learn more.
Please Select Does this program Yes No Are you seeking of This designation is the RTP designatio Yes	esignation as an ACGME Rural Track Program? ntended to be consistent with the CMS definition of a 'rural track,' in the Code of Federal Regulations [413.79(k)]. Selecting 'Yes' will ini nequest process. Visit the ACGME Rural Track Program designation web page to learn more.

4. The DIO may identify an ACGME Rural Track Related Program (if applicable) using the dropdown menu of existing accredited programs in the same specialty and at the same Sponsoring Institution.

	same specialty at the same Sponsoring
Identify any ACGME Rural Track Related Program at your institution (optional): 0	Institution in which residents/fellows have some overlapping education and
Please Select V	training experiences with the ACGME Rural Track Program residents/fellows and may share resources.

5. The DIO completes the required sections to initiate the program accreditation application, including entering the program director information.

< Back To Program Sumn	nary					
Add Program Direc	ctor Information					
Instructions						~
Select the New Progr	am Director				× Cancel	Add Missing Person
First Name Add an asterisk (*) for Example: To search for	and Last Nar r a wild card search. John Smith or Jonathan Smit	h, enter "J*" for the first name and "Sn	ail Address nith" for last name.	National Provider ID	Search	
Name	NPI	E-mail	Role	Organization		
	Ple	ase enter a name and e-mail and press	"Search" to begin looking for	the new Program Director.		

6. The program director receives an email from ADS with login information to access the ACGME RTP designation request and the accreditation application.

ACGME Program Director for program application
Dear ,
The DIO from your sponsoring institution, University of South Florida Morsani College of Medicine, has initiated an application for ACGME accreditation for your Family medicine program: "University of South Florida Morsani College of Medicine Program". To complete this application, log into the ACGME's Accreditation Data System (ADS) - https://apps.acgme.org/ads/ using the username and password provided below. After logging into ADS you can view the necessary steps to complete your application on the program's Application Overview tab.
Username: Password:
Program Directors are strongly encouraged to seek necessary clarification from the ACGME in order to fully and completely respond to every item on the application prior to submission through the Accreditation Data System (ADS). Once an application has been submitted to the ACGME through ADS it cannot be modified by the program. That being said, it is crucial that any guidance or clarification be sought prior to submission to the ACGME so the application includes all the necessary information.
ACGME ADS@acqme.org

7. The program director completes the ACGME RTP designation (Type 1) request, which includes the following items:

Program Director Section

The program director reviews the information that has been entered by the DIO, providing updates as needed.

ACGME Rural Track Program (RTP) Designation	Incomple
Background Information	
Complete the Program Director and Program Info sections below and upload your Block Diagram on the Sites tab. Then submit your request for an ACGME Rural Track Program designation. The DIO will review the request and submit it to the ACGME. You may continue working on the remaining portions of your accreditation application w awaiting a decision on your ACGME Rural Track Program designation but cannot submit it until a decision has been rendered.	Submit Reque
© Complete Program Director Step	
Program Director step has not been completed	vi
Complete Program Info Step	
Program Info step has not been completed	vi
© Upload Block Diagram and Rotation Information Form in Application Attachments Step	
Rotation Information Form and Block Diagram have not been uploaded	vi
Program Director	Incompl
© Complete Program Director Entry	
No program director has been selected.	V

Program Information Section (program details and participating sites information)

Program Details

The program director enters program details into this section.

	Program Info	ncomplete 🗸
	S Enter Program Details	view >
	⊘ Enter Participating Sites	
	1 site(s) have been added. Click to add/edit available sites.	view >

<form></form>	F	Family Medicine -	1 (F \$5)/7x *, (R0x \$08)	IN CLUBS IF BEICHE FROMINE	Program Information
<form><form></form></form>		K Back To Program Summary			Mission and Aims
<form><form></form></form>					Diversity
<form></form>		Update Program Informatio	n	★ Cancel Save Program	
<form><form></form></form>		Program Information			
<form></form>	A	Address Line 1:	Address Line 2:	Address Line 3:	
<form></form>	c	City:	State:	Zip Code:	
<form></form>			Florida		
<form></form>	V	Website Address:			
Percentation of manufactories a submitted in the program lengths of the program sequence of the pro					
Image: Image		Public Contact Email/Director's E	xternai Emaii:		
<form></form>		Accreditation Information			
Note in the intervention of the sponsoring instation of	F	Program Requires Dedicated Res	earch Year Beyond Accredited Program	Length?	
<form></form>	(○ Yes			
<form></form>	F	Program Requires Prior or Addition	onal Accredited GME Training:		
<form></form>	(○ Yes ● No			
<form></form>					
<form></form>		Mission and Aims			
Diversity Describe how the program will achieve/ensure diversity in trainee recruitment, selection, and retention. Please describe in detail what efforts your specific program is doing to advance diversity and inclusion for residents. Evidence based strategies and program success stories are strongly encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Please do not copy and paste diversity and inclusion policies and statements. This is an opportunity to describe the practices that are instituted in your program to result in a diverse recruitment and retention strategy and creates an inclusive clinical learning environment. Describe how the program will achieve/ensure diversity in the individuals participating in the training program (e.g. faculty, administrative personnel, etc Evidence based strategies and program success stories are strongly encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Please do not copy and paste diversity and inclusion for faculty, administrative personnel, etc Evidence based strategies and program success stories are strongly encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Please do not copy and paste diversity and inclusion policies and statements. This is an opportunity to describe the practices that are instituted in your program to result in a diverse recruitment and retention strategy and creates an inclusive clinical learning environment. > back to top		aligns with the larger mission of the :	y care focus, etc.), what community the program of	statement should clamy the focus of the educational program (e.g.	
Diversity Describe how the program will achieve/ensure diversity in trainee recruitment, selection, and retention. Please describe in detail what efforts your specific program is doing to advance diversity and inclusion for residents. Evidence based strategies and program success stories are strongly encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Please do not copy and paste diversity and inclusion policies and statements. This is an opportunity to describe the practices that are instituted in your program to result in a diverse recruitment and retention strategy and creates an inclusive clinical learning environment.	P T T g	Provide the program aims (e.g. go The program's aims (i.e. goals, obje Requirements. The program aims st graduates serve, and the distinctive	y care focus, etc.), what community the pro Sponsoring Institution. bals, objectives) that are guided by the p ctives) should describe what the program to hould be consistent with the overall mission capabilities of its graduates (e.g. leadershi	statement should clamly the locus of the educational program (e.g., ogram will serve and how that will be accomplished, and how the program's mission program's mission statement. The statement is a statement of its Sponsoring Institution, the needs of the community it serves and that its p, research, public health).	
Describe how the program will achieve/ensure diversity in trainee recruitment, selection, and retention. Please describe in detail what efforts your specific program is doing to advance diversity and inclusion for residents. Evidence based strategies and program success stories are strongly encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in pathership with your program, which is encouraged. Please do not copy and paste diversity and inclusion policies and statements. This is an opportunity to describe the practices that are instituted in your program to result in a diverse recruitment and retention strategy and creates an inclusive clinical learning environment. Describe how the program will achieve/ensure diversity in the individuals participating in the training program (e.g. faculty, administrative personnel, etc.). Please describe in detail what efforts your specific program is doing to advance diversity and inclusion for faculty, administrative personnel, etc Evidence based strategies and program will achieve/ensure diversity and paste diversity and inclusion for faculty, administrative personnel, etc Evidence based strategies and program success stories are strongly encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your pr	F F R g	aligns with the larger mission of the : Provide the program aims (e.g. gg The program's aims (i.e. goals, objec Requirements. The program aims st graduates serve, and the distinctive	y care focus, etc.), what community the pro- Sponsoring Institution.	statement should clariny the focus of the educational program (e.g., ogram will serve and how that will be accomplished, and how the program's mission program's mission statement. has the intention of achieving in accordance with the Common Program of its Sponsoring Institution, the needs of the community it serves and that its p, research, public health).	
Describe how the program will achieve/ensure diversity in the individuals participating in the training program (e.g. faculty, administrative personnel, etc.). Piease describe in detail what efforts your specific program is doing to advance diversity and inclusion for faculty, administrative personnel, etc Evidence based strategies and program success stories are strongly encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Please do not copy and paste diversity and inclusion policies and statements. This is an opportunity to describe the practices that are instituted in your program to result in a diverse recruitment and retention strategy and creates an inclusive clinical learning environment.	F F g	Provide the program aims (e.g. go The program's aims (i.e. goals, objer Requirements. The program aims st graduates serve, and the distinctive Diversity	y care focus, etc.), what community the pr Sponsoring Institution. bals, objectives) that are guided by the p ctives) should describe what the program I rould be consistent with the overall mission capabilities of its graduates (e.g. leadershi	statement should clarify the focus of the educational program (e.g., ogram will serve and how that will be accomplished, and how the program's mission program's mission statement. The statement of the sponsoring institution, the needs of the community it serves and that its p, research, public health).	
Describe how the program will achieve/ensure diversity in the individuals participating in the training program (e.g. faculty, administrative personnel, etc.). Please describe in detail what efforts your specific program is doing to advance diversity and inclusion for faculty, administrative personnel, etc Evidence based strategies and program success stories are strongly encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Please do not copy and paste diversity and inclusion policies and statements. This is an opportunity to describe the practices that are instituted in your program to result in a diverse recruitment and retention strategy and creates an inclusive clinical learning environment.	F F F F F F F F F F F F F F F F F F F	Provide the program aims (e.g. gc The program's aims (i.e. goals, obje Requirements. The program aims st graduates serve, and the distinctive Diversity Describe how the program will ac Please describe in detail what effort success stories are strongly encours practices that are instituted in your p	y care focus, etc.), what community the pro Sponsoring Institution.	statement should clamly the locus of the educational program (e.g., ogram will serve and how that will be accomplished, and how the program's mission program's mission statement. The statement is a statement of the sponsoring institution, the needs of the community it serves and that its p, research, public health).	
Please describe in detail what efforts your specific program is doing to advance diversity and inclusion for faculty, administrative personnel, etc Evidence based strategies and program success stories are strongly encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Please do not copy and paste diversity and inclusion policies and statements. This is an opportunity to describe the practices that are instituted in your program to result in a diverse recruitment and retention strategy and creates an inclusive clinical learning environment.	F F F G G G C F F S S W V P F S	Provide the program aims (i.e. goals, object the program's aims (i.e. goals, objec Requirements. The program aims st graduates serve, and the distinctive Diversity Describe how the program will ac Please describe in detail what efforts success stories are strongly encoura with your program, which is encoura practices that are instituted in your p	y care focus, etc.), what community the pro- Sponsoring Institution.	statement should clamly the locus of the educational program (e.g., ogram will serve and how that will be accomplished, and how the program's mission program's mission statement. The statement is a statement of its Sponsoring Institution, the needs of the community it serves and that its p, research, public health).	
back to top	F F F G G P F S W V P C C	Provide the program aims (e.g. go Provide the program aims (e.g. go Provide the program aims (e.g. go Provide the program aims signature aims sincrean aims signature aims signature aims signature aims	y care focus, etc.), what community the pro- Sponsoring Institution.	statement should clamly the focus of the educational program (e.g., ogram will serve and how that will be accomplished, and how the program's mission regram's mission statement. The statement is a statement of its Sponsoring Institution, the needs of the community it serves and that its p, research, public health).	
▲ back to top	F F F F F F F F F F F F F F F F F F F	Provide the program aims (e.g. gd The program's aims (i.e. goals, object Requirements. The program aims st graduates serve, and the distinctive Diversity Diversity Describe how the program will ac Please describe in detail what efforts success stories are strongly encourg practices that are instituted in your pr Cescribe how the program will ac the your program, which is encoura practices that are instituted in your pr lease describe in detail what efforts success stories are strongly encourg practices that are instituted in your pr lease describe in detail what efforts store in a program will ac etc.).	y care focus, etc.), what community the pro- Sponsoring Institution.	statement should clamly the locus of the educational program (e.g. ogram will serve and how that will be accomplished, and how the program's mission program's mission statement. The statement is a statement of the server and the server server and the server and	
A back to top	F F F F F F F F F F F F F F F F F F F	Provide the program aims (e.g. go Provide the program aims (e.g. go Provide the program aims (e.g. go Provide the program aims signature) Provide the program aims signature Provide the program aims signature Provide the program will ac Provide the progr	y care focus, etc.), what community the pro- Sponsoring Institution.	statement should clamly the focus of the educational program (e.g., ogram will serve and how that will be accomplished, and how the program's mission regram's mission statement. The statement is a statement of the server and the se	
	F F F F F F F F F F F F F F F F F F F	Provide the program aims (e.g. gc The program's aims (i.e. goals, obje Requirements. The program aims st graduates serve, and the distinctive Diversity Diversity Describe how the program will ac Please describe in detail what effort success stories are strongly encourt practices that are instituted in your pr Describe how the program will ac Please describe in detail what effort success tories are instituted in your pr Describe how the program will ac the program. Which is encoura practices that are instituted in your pr Describe how the program will ac etc.).	y care focus, etc.), what community the pro- Sponsoring Institution.	statement should clamy the focus of the educational program (e.g. ogram will serve and how that will be accomplished, and how the program's mission program's mission statement. The statement is a statement of the sponsoring institution of achieving in accordance with the Common Program of its Sponsoring Institution, the needs of the community it serves and that its p, research, public health). ment, selection, and retention. e diversity and inclusion for residents. Evidence based strategies and program that the medical school or sponsoring institution is doing if it is done in partnership by and inclusion policies and statements. This is an opportunity to describe the nd retention strategy and creates an inclusive clinical learning environment.	
	s F F F F F F F S S V V P F S S S S V V F F F F F F F F F F F F F	Aligns with the larger mission of the instant of the instant of the larger mission of the instant of the instan	y care focus, etc.), what community the pro- Sponsoring Institution.	s statement should clamly the locus of the educational program (e.g. ogram will serve and how that will be accomplished, and how the program's mission program's mission statement. The statement is a statement of the server and t	

Participating Sites Information

The program director enters participating site information in this section. Additionally, the program director ensures the following information is provided:

- CMS Certification Number (required for each participating site that is a Prospective Payment System (PPS) hospital) – a value will auto populate if already entered by the DIO. If no CMS Certification Number, enter "000000."
- The name of the hospital providing financial support for faculty member supervision and education of residents/fellows at each of the program's participating sites (using the drop-down menu of the Sponsoring Institution's participating sites).

	Program Info	Incomplete \checkmark
	© Enter Program Details	view >
	C Enter Participating Sites	
	1 site(s) have been added. Click to add/edit available sites.	view >

	icipating Site X Cancel St	Save Sit
Site Name: (
	and and and a second seco	
Note: The ac requests.Ens	curacy of the address of the participating site where the education and training will take place is critical to determining if it meets the criteria for ACGME Rural Track Program o ure this is accurate and reflects the location where residents / fellows will be learning and training.	designa
Additionally, t financial supp	he Medicare Provider ID is required for ACGME Rural Track Program designation requests to identify PPS hospital site(s). Ensure this is entered for any PPS hospital sites pro bort for faculty member supervision and education of residents / fellows for the program seeking ACGME Rural Track Program designation.	oviding
Primary Clin	ical Site:	
○ Yes		
⊖ No		
Required Ro	otation:	
○ Yes		
Potation Mc	inthe (alian with block disarram):	
Y1	Y2 Y3 Y4	
Distance to	Primary Clinical Site:	
Miles	Minutes	
CMS Certifica	ition Number:	
Hospital pro	viding financial support for faculty member supervision and education of residents/fellows at this site:	
Hospital pro	viding financial support for faculty member supervision and education of residents/fellows at this site:	
Hospital pro	viding financial support for faculty member supervision and education of residents/fellows at this site:	
Hospital pro Select One Briefly desc	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact):	
Hospital pro Select One Briefly desc	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact):	
Hospital pro Select One Briefly desc	viding financial support for faculty member supervision and education of residents/fellows at this site:	
Hospital pro Select One Briefly desc	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact):	
Hospital pro Select One Briefly desc	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r: 0	
Hospital pro Select One Briefly desc Site Directo	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r: • r: • e following are available within your institution for residents (check all that apply):	
Hospital pro Select One Briefly desc Site Directo	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r: 0 2 following are available within your institution for residents (check all that apply): t, clean, and private sleep/rest facilities available and accessible with proximity appropriate for safe patient care	
Hospital pro Select One Briefly desc Site Directo	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r: 0 e following are available within your institution for residents (check all that apply): t, clean, and private sleep/rest facilities available and accessible with proximity appropriate for safe patient care	
Hospital pro Select One Briefly desc Site Directo	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r: 0 e following are available within your institution for residents (check all that apply): t, clean, and private sleep/rest facilities available and accessible with proximity appropriate for safe patient care eas (lockers or rooms that can be locked)	
Hospital pro Select One Briefly desc Site Directo Site Directo Safe, quile Shower Scure ar	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r: 0 e following are available within your institution for residents (check all that apply): t, clean, and private sleep/rest facilities available and accessible with proximity appropriate for safe patient care eas (lockers or rooms that can be locked) food	
Hospital pro Select One Briefly desc Site Directo Site Directo Shower Scoure an Access to	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r: end following are available within your institution for residents (check all that apply): t, clean, and private sleep/rest facilities available and accessible with proximity appropriate for safe patient care eas (lockers or rooms that can be locked) food ccessible to site	
Hospital pro Select One Briefly desc Site Directo Site Directo Safe, quie Safe, quie Secure ar Access to Parking au Internet A	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r: r: r: r: r: r: r: r: r:	
Hospital pro Select One Briefly desc Site Directo Site Directo Safe, quie Safe, quie Secure ar Access to Parking au Internet A Reasonat	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r. r. r. eta intervision of residents/clinical experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r. eta intervision of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r. eta intervision of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r. eta intervision of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r. eta intervision of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r. eta intervision of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r. eta intervision of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r. eta intervision of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): t, clean, and private sleep/rest facilities available and accessible with proximity appropriate for safe patient care eas (lockers or rooms that can be locked) food teacessible to site teaces teacessible to site teacestip teacesting teacestip teacestip teacesting teaces	
Hospital pro Select One Briefly desc Site Directo Site Directo Shower Scure an Access to Parking at Internet A Reasonat	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r. 0 e following are available within your institution for residents (check all that apply): t, clean, and private sleep/rest facilities available and accessible with proximity appropriate for safe patient care eas (lockers or rooms that can be locked) food ccessible to site ccess le accommodations for residents/fellows with disabilities consistent with the Sponsoring Institution's policy private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care e abrove	
Hospital pro Select One Briefly desc Site Directo Safe, quile Shower Scure an Access to Parking an Internet A Reasonat Clean and	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r. r. r. r. r. r. r. r. r. r	
Hospital pro Select One Briefly desc Site Directo Site Directo Safe, quie Safe, quie Secure ar Access to Parking au Internet A Reasonat Clean and None of th	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r. r. r. r. r. r. r. r. r. r	
Hospital pro Select One Briefly desc Site Directo Site Directo Safe, quie Shower Secure ar Access to Parking au Internet A Reasonat Clean and None of th	viding financial support for faculty member supervision and education of residents/fellows at this site: ribe the content of the educational experience (addressing faculty coverage, volume/variety of clinical experience, site support and educational impact): r. 0 r.	

Note: Programs can identify a faculty member as the Site Director only from those faculty members listed on the ADS Faculty Roster. If the program director does not complete the Faculty Roster during the ACGME RTP designation process, the Site Director will need to be updated for each site after completing the Faculty Roster section of the program application.

Block Diagram and RTP Rotation Information Form Uploads Section

The program director completes an RTP Rotation Information Form using the template provided on the <u>Rural Track Programs web page on the ACGME website</u>. This form is uploaded in addition to (and as a separate document than) the block diagram.

Application Uploads Instructions
Uploads
Rural Track Program Rotation Information Form This form is required for programs seeking ACGME Rural Track Program (RTP) designation and is used to determine whether a program meets designation criteria. Refer to the <u>ACGME Rural Track Programs web page</u> for the RTP Rotation Information Form. This form does not replace the block diagram but should be uploaded as a separate document. For existing accredited programs seeking ACGME Rural Track Program designation with a permanent complement increase (Type 2), the Rotation Information Form should only reflect the rural track residents/fellows. © Select a file to upload
Vpload Block Diagram
<u>Common Instructions</u> : Provide a block diagram for each year of training in the program. The sites listed on the Block Diagram should match the list of participating sites in ADS. Specialty-specific instructions may also be available. If there are specialty-specific instructions available for your speciality, please click the <i>Specialty Instruction</i> link and follow the steps accordingly.
Osteopathic Recognition Instructions (if applicable): Update the block diagram to include where OPP is integrated into the curriculum. The block diagram should specifically identify where and when the following experiences are integrated, if applicable: osteopathic education/experience in the clinical setting, osteopathic clinic (either OMT clinic or integrated specialty clinic), and osteopathic didactics/labs. It may be best to indicate osteopathic experiences on the block diagram through the use of symbols and an associated legend. This will become the new block diagram for the program, so ensure that it continues to reflect the experience of all residents in the program, not just designated osteopathic residents. Programs are encouraged to utilize the Block Diagram Guide for Osteopathic Recognition when updating the program's Block Diagram to identify when and where osteopathic experiences occur in the curriculum.
Block Diagram Instructions/Sample
Select a file to upload Allowed File Type(s): .pdf Max Size: 10 MB
↑ Upload

8. Once the program completes all required sections of the ACGME RTP designation (Type 1) request, the request can be submitted using the blue "Submit Request" button.

Program Application 0 Review	Submit to DIO
Instructions	^
ACGME Rural Track Program (RTP) Designation	Pre-Submission \vee
Background Information	^
Complete the Program Director and Program info sections below and upload your Block Diagram on the Sites tab. Then submit your request for an ACGME Rural Track Program designation. The DIO will review the request and submit it to the ACGME. You may continue working on the remaining portions of your accreditation application while awaiting a decision on your ACGME Rural Track Program designation but cannot submit it until a decision has been rendered.	Submit Request
⊘ Complete Program Director Step	
Program Director step has been completed	view >
⊘ Complete Program Info Step	
Program Info step has been completed	view >
O Upload Block Diagram and Rotation Information Form in Application Attachments Step	
Rotation Information Form and Block Diagram have been uploaded	view >

- 9. The DIO will receive a notification of the designation request requiring approval. The DIO has the following options:
 - View allows the DIO to review the RTP designation (Type 1) request information.
 - Re-Open for Editing allows the DIO to send the request back to the program director for editing.
 - Approve/Submit allows the DIO to submit the RTP designation (Type 1) request to the ACGME.

Needs DIO Approval				
	5		Filter Result	S
Code	🗘 Status	Ŷ		
Family medicine	Submitted for approval on May 27, 2021	View	Re-Open for Editing	Approve / Subm

10. The DIO and program director will receive a notification email from ADS stating the designation request has been submitted for ACGME review. The program can also see the request status in ADS.

Program Application	3 Review Submit to DiO
Instructions	^
ACGME Rural Track Program (RTP) Designation	Pending DIO Review ~
Background Information	*
Your request for an ACGME Rural Track Program designation has been submit	ted to your DIO for review. You will be notified of its progress as it is reviewed.
Complete Program Director Step	
Program Director step has been completed	view :
Complete Program Info Step	
Program Info step has been completed	view :
OUpload Block Diagram and Rotation Information Form in Application A	ttachments Step
Rotation Information Form and Block Diagram have been uploaded	view :

- 11. The ACGME will review the RTP designation request and make one of the following decisions:
 - Request not approved the request did not meet one or more of the designation criteria:
 - Aggregated rotation months were not more than 50 percent in non-urban PPS hospitals or non-provider site(s).
 - Non-urban site(s) did not meet criterion of "rural."
 - Rotations did not include some GME at an urban PPS hospital or urban nonprovider site.

ACGME Rural Track Program (RTP) Designation	ied 🗸
6	
Background Information	^
Your request for an ACGME Rural Track Program designation has been denied . You may re-request a designation using the button on the right or proceed with View Re-submit Requirements of the submitting your accreditation application without an ACGME Rural Track Program designation.	iest
👁 Complete Program Director Step	
Program Director step has been completed	
👁 Complete Program Info Step	
Program Info step has been completed	
O Upload Block Diagram and Rotation Information Form in Application Attachments Step	
Rotation Information Form and Block Diagram have been uploaded	view >

- Request approved the designation met all criteria and was approved, contingent on the program receiving Initial Accreditation from the specialty Review Committee.
 - Review Committee staff members will be notified of ACGME RTP designation approvals and may send a request to the program for additional information related to the accreditation application.

Pro	ogram Application 0 Review Submit to DIO	
Inst	tructions	
ACC	GME Rural Track Program (RTP) Designation Completed and Approved 🖓	
E	3ackground Information	
You	ur request for ACGME Rural Track Program designation has been approved . Complete the remaining portions of the accreditation application below and then submit it for review.	
00	Complete Program Director Step	
F	Program Director step has been completed	
© 0	Complete Program Info Step	
F	Program Info step has been completed	
	O Upload Block Diagram and Rotation Information Form in Application Attachments Step	
	Rotation Information Form and Block Diagram have been uploaded	

12. If the request is approved, the program director then completes and submits the program accreditation application.

If the request is not approved, the DIO and program director may determine how to proceed, with the following options:

- Re-submit Request The program director updates the information in ADS and resubmits the designation request.
 - This option returns the program to <u>Step 7</u>.

ACGME Rural Track Program (RTP) Designation	Completed and Denied \checkmark
La Background Information	^
Your request for an ACGME Rural Track Program designation has been denied . You may re-request a designation using the button on the right or proceed with view submitting your accreditation application without an ACGME Rural Track Program designation.	Re-submit Request
Complete Program Director Step	
Program Director step has been completed	
Complete Program Info Step	
Program Info step has been completed	
O Upload Block Diagram and Rotation Information Form in Application Attachments Step	
Rotation Information Form and Block Diagram have been uploaded	view >

• Continue with new program application – The program director may complete and submit the program accreditation application without ACGME RTP designation.

Γ		
	Program Application 0 Review Submit to DIO	
	Instructions	

- Withdraw application The DIO should email <u>ADS@acgme.org</u> to request deletion of the program accreditation application.
- 13. When proceeding with the program accreditation application, the DIO and program director follow the accreditation process as set forth in the *ACGME Manual of Policies and Procedures* and in accordance with published specialty- or subspecialty-specific Program Requirements, including meeting agenda closing dates for review.
- 14. After the Review Committee meeting, the DIO and program director are notified of the accreditation decision, with the following implications if the ACGME RTP designation was approved:
 - If the program receives Initial Accreditation, the program's ACGME RTP designation appears on the Letter of Notification and is included on the publicly available report of ACGME-accredited programs with designation at the time of application.
 - If the Review Committee decision is Accreditation Withheld, the program will not receive ACGME RTP designation. The program may submit a new request for ACGME RTP designation and may reapply for accreditation (back to <u>Step 1</u>) following policies set forth in the ACGME Manual of Policies and Procedures.

Email <u>muap@acgme.org</u> with questions concerning the ACGME RTP Type 1 designation process. Contact ACGME Review Committee staff members with questions concerning the <u>program</u> <u>application process</u> or refer to the relevant <u>specialty section of the ACGME website</u> for more information – contact information for Review Committee staff members can be found in the specialty section of the website as well.

Steps to Initiate and Submit a Request for ACGME RTP Designation (Type 2)

1. The program director initiates a Rural Track Program designation request from the "Program" tab within the program's ADS account.



2. The program director reads the Rural Track Program designation instructions and clicks "Begin Request."

verview Program Y Faculty Y Residents Y Sites Surveys Milestones Case Logs Y Summary Uploads Reports	
CONTRACT OF AND DESCRIPTION OF TAXABLE AND ADDRESS PRODUCT.	
Rural Track Program Designation Request Cancel	el
Instructions	~
This request is for ACGME-accredited programs seeking ACGME Rural Track Program (RTP) designation*. This designation is intended to align with the Centers for Medicare and Medicaid Servi (CMS) definition of a 'rural track,' in the Code of Federal Regulations [42 CFR 413.79(k)].	ces
An ACGME RTP is an ACGME-accredited program in which all or some residents/fellows gain both urban and rural experience with more than half of the education and training for the applicable resident(s)/fellow(s) taking place in a rural area (any area outside of an urban Core Based Statistical Area (CBSA)). The RTP designation (Type 2) request will include the approval of a permanen complement increase request and the addition of at least one new rural participating site.	t
Do not click Begin unless you plan to request designation.	
Email If you are unsure whether you are eligible to submit a request or have questions about ACGME RTP designation.	
More information about ACGME RTP designation can be found on the ACGME Rural Track Programs page of the website.	
*The ACGME Rural Track Program designation is independent of any rural track designation by the Centers for Medicare and Medicaid Services (CMS) and does not guarantee that a program wi meet CMS eligibility requirements for GME or other financial support. If you have questions about the CMS rural track policy, contact your GME finance staff and/or the Prospective Payment Syste (PPS) hospital's Medicare Administrative Contractor (MAC).	ll em

3. The program director completes the ACGME RTP designation (Type 2) request, which includes the following items:

Program Information Section

The program director reviews the program information, providing updates as needed.



Click the "Rural Track Program Designation" button to return to the designation request steps.



Participating Sites Section

The program director follows the instructions to enter participating site information. This section will be incomplete until at least one participating site is identified as "Rural Track Only."

Rural Sites	Incomplete \checkmark
 Add Rural Site(s) No sites are designated for rural track 	view >
Add new rural site(s) and identify whether the site will be used for the entire program or the rural track only. If rural track residents/fellows will also use existing sites as part of the you should edit those accordingly. Ensure the site address is accurate and reflects where resident/fellow education will take place (and matches what is listed on the rotation info form).	e rural track, prmation
You will not be able to enter the rotation months per program year for sites used only for the rural track. The participating site information rotation grid should reflect the experienc - rural track program where most residents / fellows rotate. Use the Comments section below the participating site information rotation grid to explain the months per program year for sites used only for the rural track rotations. Ensure this is consistent with the block diagram and that the block diagram clearly delineates rural track rotations(contact the staff of the applicable Review Comm block diagram questions).	tes in the non ar for the rural hittee with
Overview Program - Faculty - Residents - Sites Surveys Milestones Case Logs - Summary Uploads Reports	5



The program director clicks "Add Site" to add a new rural participating site (if applicable).

Block Diagram	Complete A
Participating Site Information	Bural Track Designation ≡ Reorder + Add Site
	Filter Results
# \$ ID \$ Site Name	
Primary	

The program director edits each participating site to include the following information:

- CMS Certification Number (required for each participating site that is a PPS hospital)

 a value will auto populate if already entered by the DIO. If no CMS Certification
 Number, enter "000000."
- The name of the hospital providing financial support for faculty member supervision and education of residents/fellows at each of the program's participating sites (using the drop-down menu of the Sponsoring Institution's participating sites).
- The use of each participating site. The default setting is "Non-Rural Track Only."
 - > Choose "Required Rotation: Yes" for all sites that are required for the rural track.
 - If selecting "Rural Track Only," pick "Do all residents rotate through this site? No."
 - > If selecting "Entire Program," pick "Do all residents rotate through this site? Yes."

Edit Participating Site	× Cancel	Save Site
Site Name: 0		
~		
Register Totalion		
to at sectors case troughts car		
1		
underst trage is advanced by the second budden on the		
and the second se		
This site is used for:		
Entire Program	_	
Entire Program		
Rural Track Only		
Non-Rural Track Only		
Distance to Primary Clinical Site:		
Miles Minutes		
2MS Certification Number		
lospital providing financial support for faculty member supervision and education of residents/fellows at this site:		
Select One	_	

When "Rural Track Only" is selected, the Rotation Months per program year will not be editable, and the participating site information rotation grid will identify those sites as "Rural Track Only" with an icon. *The participating site information rotation grid should reflect the non-rural track program where most residents/fellows rotate.*

This site	is used for:		
Rural T	rack Only	~	Rotation Months not collected for Rural
Rotation Y1	Y2	th block diagram):	Track Only sites.

Partic	ipating Site	e Informa	ation	₿ Rura	Rotation m experience	onths listed below reflects in the non-rural trac	ect the			
					program w rotate.	here most residents/fe	ellows	Legend		~
	# \$	ID 💠	Site Name	\$	Required Rotation	Rotation Months Y1 Y2		Site S	Sponsor	
								Prima	ary Clinical Site	
	Primary				Yes	10.9 10.9		A Missin	ng Data	
	2				Yes	0.1 0 Rural Tra	ack Only	🖹 Rural	Track Only	
	3				Yes					

Use the "Comments" section below the participating site information rotation grid to explain the months per program year for the rural track rotations. *Ensure this is consistent with the block diagram and that the block diagram clearly delineates rural track rotations (contact the staff of the relevant Review Committee with block diagram questions).*

Comments:
If the total number of rotation months per year does not equate to 12 months (for all sites combined) provide an explanation: 218 of 8000 characters
The rural track residents will have the following rotations:
Y1 - 3 months at site, 4 months at site, and 5 months at site
Y2 - 12 months at rural site
Y3 - 12 months at rural site
Save Comment

Note: Any new sites added require identification and selection of a Site Director. Programs can identify a faculty member as the Site Director only from those faculty members listed on the ADS Faculty Roster. If the faculty member is not listed when adding the new participating site(s), the program director will need to come back to this section to select a Site Director after updating the Faculty Roster.

Click "Rural Track Designation" to return to the designation request steps.

lagram				Complete A
ating Site Information	\longrightarrow	Rural Track Designation	■ Reorder	+ Add Site
			iltor Dooulto	
	ating Site Information	agram ating Site Information	ating Site Information	ating Site Information Either Recutts

The Rural Sites step will be minimized and marked "Complete" as long as all participating site information is completed and there is at least one participating site identified as "Rural Track Only."

Rural Sites Complete ^

Faculty Information Section

The program director reviews the faculty information, adding new faculty member(s) and providing updates as needed.



Note: Any new sites added require identification and selection of a Site Director. Programs can identify a faculty member as the Site Director only from those faculty members listed on

the ADS Faculty Roster. If the faculty member is not listed when adding the new participating site(s), the program director will need to return to the Sites section to select a Site Director after updating the Faculty Roster.

Permanent Complement Increase Request Section

The program director completes a permanent complement increase request. *Note: this is a required step within the RTP designation (Type 2) request.*

Permanent Complement Increase Request	Incomplete 🗸
Complete Complement Request Complete a permanent complement increase request.	view >

Enter the Effective Start Date and Requested Total [number of desired residents/fellows in the entire program (including the rural track residents/fellows)] and hit "Next Step."

	nt Change Request - Rural Trac	k Designation Related	Print Delete	Next Step
				1
Instructions				
he Effective Date field for I	Permanent Complement Change Regu	uests is informational only. Permanent Com	plement Change Requests become e	ffective on the
The Effective Date field for i date they are approved by t f the program is submitting he request until after the de	Permanent Complement Change Requise Review Committee. a request for a voluntary decrease in operation of the second secon	uests is informational only. Permanent Com complement with a future effective date, the	plement Change Requests become e In the program is encouraged to refrai	ffective on the n from submittir
The Effective Date field for date they are approved by t If the program is submitting the request until after the de fective Start Date	Permanent Complement Change Requise Review Committee. a request for a voluntary decrease in orside effective date has passed.	uests is informational only. Permanent Com complement with a future effective date, the	plement Change Requests become e In the program is encouraged to refrai	ffective on the n from submittir
The Effective Date field for date they are approved by t if the program is submitting the request until after the de rective Start Date	Permanent Complement Change Requise Review Committee. a request for a voluntary decrease in a seried effective date has passed.	uests is informational only. Permanent Com complement with a future effective date, the ositions you are requesting. DO NOT enter nt increase of 4, you would enter 12 in the l program is already approved for a temporar	plement Change Requests become e in the program is encouraged to refrai the number of additional positions. Fo Requesting Total field. This number w y increase it will display above.	ffective on the n from submittir or example, if yo ould reflect the
The Effective Date field for date they are approved by t If the program is submitting the request until after the de fective Start Date	Permanent Complement Change Require Review Committee. a request for a voluntary decrease in order of the spassed.	uests is informational only. Permanent Com complement with a future effective date, the ositions you are requesting. DO NOT enter nt increase of 4, you would enter 12 in the l program is already approved for a temporar	plement Change Requests become e in the program is encouraged to refrai the number of additional positions. Fo Requesting Total field. This number w y increase it will display above.	ffective on the n from submittir or example, if yc ould reflect the
The Effective Date field for date they are approved by 1 If the program is submitting the request until after the de fective Start Date the Requested Total field, a currently approved for 8 positions CGME Resident Positions	Permanent Complement Change Require Review Committee. a request for a voluntary decrease in oresired effective date has passed.	uests is informational only. Permanent Com complement with a future effective date, the ositions you are requesting. DO NOT enter nt increase of 4, you would enter 12 in the l program is already approved for a temporar	plement Change Requests become e in the program is encouraged to refrai the number of additional positions. Fo Requesting Total field. This number w y increase it will display above.	ffective on the n from submittir or example, if yo ould reflect the

Follow the prompts to complete the sections of the permanent complement increase request and hit "Complete" once all information is entered. (Contact the staff of the relevant Review Committee with permanent complement increase request questions.) • Use the "Save" option to save the information and complete it in multiple sessions.

Complement Request Additional Information - Rural Track	🔒 Print De	lete Save/Complete ∽
Designation Related		Save
		Complete
Educational Rationale		Missing Information \wedge
Major Changes		Complete A
Block Diagram Upload		Missing Information 🔨

Hit "Confirm" to complete the request and return to the RTP designation request steps.

Comptement Change Request	×
Are you sure you want to complete the complement request? (You will not be a edit the request once it is completed).	ble to
Cancel	ıfirm

The Permanent Complement Increase Request step will be minimized and marked "Complete."



The DIO will not be able to view the permanent complement increase request until the program director completes and submits the Rural Track Program designation (Type 2) request.

Uploads Section

The program director completes an RTP Rotation Information Form using the template provided on the <u>Rural Track Programs web page on the ACGME website.</u>

The program director saves the completed form as a PDF and uploads it here, along with the completed Specialty-Specific Rural Track Program Questionnaire (if applicable). *Contact the relevant Review Committee staff with questions about the specialty-specific form.*

Uploads	te 🗸
Upload the Rural Track Program Rotation Information Form as part of your designation request. Also, if applicable, complete and upload the Specialty-specific ACGME Rural Track Questionnaire.	
Rural Track Program Rotation Information Form This form is required for programs seeking ACGME Rural Track Program (RTP) designation and is used to determine whether a program meets designation criteria. Refer to the ACGME Rural Track Programs web page for the Rotation Information Form. This form does not replace the block diagram but should be uploaded as a separate document. For existing accredited programs seeking ACGME Rural Track Program designation with a permanent complement increas (Type 2), the Rotation Information Form should only reflect the rural track residents/fellows.	;e
Select a file to upload Allowed File Type(s): .pdf Max Size: 10 MB	
↑ Upload	
Specialty-specific Rural Track Program Questionnaire Complete the specialty-specific ACGME Rural Track Program Questionnaire (if applicable) and upload it here. This document can be found on the Documents and Resources section of the relevant specialty web page. Questions concerning this form should be directed to staff members of the relevant specialty Review Committee, whose contact information may be found on the relevant specialty section of the ACGME website.	W
Select a file to upload Allowed File Type(s): .pdf Max Size: 10 MB	
↑ Upload	

4. Once the program completes all required sections of the ACGME RTP designation (Type 2) request, the request can be submitted by clicking the green "Submit" button.

Rural Track Program Designation Request	Review 🛛 Submit
Instructions	^
Program and Director Information	~
Review Program and Director Info Ensure your program information is up to date including address and program personnel. You will not see a green check mark for th verify important program information.	view > nis step; please use it to
Rural Sites	Complete A
Faculty	~
Manage/Review Faculty If applicable, add rural site faculty to your faculty roster. You will not see a green check mark for this step. If the faculty member's pr a new rural site, you will need to return to the faculty member's profile after adding it to complete the "Primary Institution" field.	view > imary practice location is
Permanent Complement Increase Request	Complete A
Uploads	Complete 🔨

5. Once submitted, the program will be able to review the submitted RTP designation (Type 2) request but will not be able to edit it.

Rural Track Program Designation Request	Review 0
Instructions	~
This request for ACGME Rural Track Program designation [®] has been submitted to your institution's design review the request and either submit it to the ACGME for final review or send it back to you for updates.	ted institutional official (DIO). The DIO will
Approval will incorporate a two-step ACGME review process to separately consider designation approval and Revie faculty members, and permanent complement increase request. ACGME Rural Track Program designation is conti	w Committee approval of the new rural site(s), igent upon Review Committee approval.
Note: If the permanent complement increase is approved by the Review Committee, you will be asked to identify th Accreditation Data System (ADS) Resident/Fellow Roster during your program's ADS Annual Update following recr changes to rural track information may prompt a review of the designation.	residents/fellows in the rural track in the uitment of rural track residents/fellows. Future
More information about ACGME RTP designation can be found on the ACGME Rural Track Programs page of the v	vebsite.
*The ACGME Rural Track Program designation is independent of any rural track designation by the Centers for Me guarantee that a program will meet CMS eligibility requirements for GME or other financial support. If you have que GME finance staff and/or the Prospective Payment System (PPS) hospital's Medicare Administrative Contractor (N	licare and Medicaid Services (CMS) and does not stions about the CMS rural track policy, contact your AC).

- 6. The DIO will receive a notification of the designation request requiring approval. The DIO has the following options:
 - View allows the DIO to review the RTP designation (Type 2) request information.
 - Re-Open for Editing allows the DIO to send the request back to the program director for editing.
 - Approve/Submit allows the DIO to submit the RTP designation (Type 2) request to the ACGME.

tural frack Designation	Reques	015			
Needs DIO Approval	~			Filter Result	
Code \Diamond Specialty	\$	Status	\$		
		Submitted for approval or	View	Re-Open for Editing	Approve / Submit

7. The DIO and program director will receive a notification email from ADS stating the designation request has been submitted for ACGME review. The program can also see the request status in ADS.

Overview Program V Faculty V Residents V Sites Surveys Milestones Case Logs V	Summary Up	loads Reports
CONTRACT OF BRIDDER CONTRACTOR LAND		Important Dates
		Overview Legend V
Rural Track Program Designation Request	~	A Missing Data
The request submitted for Rural Track Program designation has been submitted to the ACGME and is pending review.	view >	Section Complete
Annual Update	Complete へ	

- 8. The ACGME will review the RTP designation (Type 2) request and make one of the following decisions:
 - Request not approved the request did not meet one or more of the designation criteria:
 - Aggregated rotation months were not more than 50 percent in rural PPS hospitals or non-provider site(s).
 - Site(s) did not meet criterion for "rural."
 - Required rotations did not include some GME at an urban PPS hospital or urban non-provider site.
 - Required rotations did not include at least one new rural participating site.
 - Request approved the designation met all criteria and was approved, contingent on the program receiving approval of the permanent complement increase from the relevant Review Committee.

The designation request status will be reflected on the program's "Overview" tab in ADS (see <u>Step 7 screenshot</u> above).

9. If the designation request is approved, the Review Committee will review the permanent complement increase request and any other relevant accreditation information (e.g., site changes, specialty-specific RTP questionnaire) to render a decision.

If the designation request is not approved, the program may:

• Submit a new request for Rural Track Program Designation by clicking Begin Request.

Rural Trac	O Upload Block Diagram and Rotation Information Form in Application Attachments Step	Cancel
	Rotation Information Form and Block Diagram have been uploaded view >	
Instructions		
This request designation.	for ACGME Rural Track Program designation* has been <u>denied</u> . Click the Begin Request button below to attempt another request for	RTP
This request designation. More informat	for ACGME Rural Track Program designation* has been <u>denied</u> . Click the Begin Request button below to attempt another request for ion about ACGME RTP designation can be found on the ACGME Rural Track Programs page of the website.	RTP

- Complete complement increase request without designation The program director could follow the standard process to complete a permanent complement increase request. *Information entered in this section during the Type 2 designation process will still be accessible.*
- 10. After the Review Committee review, the DIO and program director are notified of the decision, with the following implications if the ACGME RTP Type 2 designation was approved:
 - If the program receives permanent complement increase approval, the program's ACGME RTP Type 2 designation appears on the Letter of Notification and is included on the publicly available report of ACGME-accredited programs with RTP designation.
 - If the permanent complement increase is denied, the program will not receive ACGME RTP Type 2 designation. The program may submit a new request for ACGME RTP Type 2 designation (back to <u>Step 1</u>) or submit a complement change request following policies set forth in the ACGME Manual of Policies and Procedures.

Email <u>muap@acgme.org</u> with questions concerning the ACGME RTP Type 2 designation process. Contact ACGME Review Committee staff members with questions concerning the permanent complement increase process or refer to the relevant <u>specialty section of the ACGME website</u> for more information – contact information for Review Committee staff members can be found in the specialty section of the website as well.