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**Intent to Apply for Institutional Accreditation**

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| **Sponsoring Institution**  *(The entity that has ultimate responsibility for ACGME-accredited programs)* | | | | | | | | |
| **Name of Sponsoring Institution**: | | | | | | | | |
| **Address**: | | | | | | | | |
| **City, State, ZIP Code**: | | | | | | | | |
| **Sponsor Website Address**: | | | | | | | | |
| **Designated Institutional Official (DIO)**  *(The individual with the authority and responsibility for all ACGME-accredited graduate medical education programs at this institution)* | | | | | | | | |
| **Salutation**: | **First Name**: | | **Middle**: | | **Last**: | | | |
| **Degree(s)**: | | | | **Email**: | | | | |
| **Mailing Address**: | | | | **Phone**: | | | | |
| **Fax**: | | | | |
| **Ownership/Control and Type of Institution**  (*Address the type of institution being applied for, as well as the specifics of its oversight*) | | | | | | | | |
| **Ownership or Control Type** (*select one*):  *See* [*Data Dictionary for Sponsoring Institution and Participating Site Ownership/Control Types*](https://acgmehelp.acgme.org/hc/en-us/articles/14071500332567-Data-Dictionary-for-Sponsoring-Institution-and-Participating-Site-Ownership-Control-Types) *for definitions* | | | | | | | | |
| Government, Federal: | | | Tribal Governance | | | | | |
| Government, Non-Federal: | | | Non-Government, Not-for-Profit: | | | | | |
| Investor-Owned, For-Profit: | | | Physician-Owned, Not Incorporated | | | | | |
| **Type of Institution** (*select one*):  *See* [*Data Dictionary for Sponsoring Institution and Participating Site Types*](https://acgmehelp.acgme.org/hc/en-us/articles/14071444045079-Data-Dictionary-for-Sponsoring-Institution-and-Participating-Site-Types) *for definitions* | | | | | | | | |
| Ambulatory Care/Community Health Center | | Ambulatory Care/Other:  *If Other, please specify:* | | | | Ambulatory Surgery Center | | |
| Consortium | | End-of-Life Care Facility (Hospice) | | | | General Hospital | | |
| Governmental Public Health Agency | | Health System | | | | Long-Term Care Facility | | |
| Medical Examiner’s Office | | Medical School | | | | Military Treatment Facility: | | |
| Non-Medical School Educational Foundation/Organization | | Poison Control Center | | | | Prison/Jail/Other Carceral Facility | | |
| School (Primary/Secondary/College/University) | | School of Public Health | | | | Specialty Hospital:  *If Other, please specify:* | | |
| Sports Venue | | VA Healthcare System Facility: | | | | Blood Collection and Processing Center | | |
| Reference Laboratory | | Other (please specify): | | | | | | |
|  | | | | | | | | |
| For how many programs does the Sponsoring Institution plan to apply for accreditation? | | | | | | |  | |
|  | | | | | | | |  |
| **I recognize this form is not an application for ACGME institutional accreditation, but a means to indicate intent to begin the application process for institutional accreditation.**  DIO Signature: Date: | | | | | | | | |

Email this completed form to [ADS@acgme.org](mailto:ADS@acgme.org). Once it has been received and processed, the DIO will be emailed a username and password to access the ACGME’s Accreditation Data System (ADS) to complete the application for institutional accreditation.

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| **Concurrent Application Pilot**  *(Optional - to be completed by the DIO)* |
| In alignment with its [medically underserved areas/populations (MUA/P) and graduate medical education (GME) framework](https://www.acgme.org/initiatives/medically-underserved-areas-and-populations/), the ACGME is establishing a pilot program aimed at expediting the review of new Sponsoring Institution and program applications, particularly for those with a mission to serve MUA/Ps. This process would allow a Sponsoring Institution and program to submit applications at the same time in ADS, and to receive both institutional and program accreditation decisions within a nine-12-month period.  The pilot period will last for one year, from July 1, 2025 to June 30, 2026, and will accept up to 12 new Sponsoring Institutions.  To be eligible to participate in the pilot, a Sponsoring Institution must be:   * new (no history of Accreditation Withheld or Withdrawal of Accreditation) and have not yet submitted their institutional or program applications in ADS; and, * able to submit both the institutional and program applications within 90 days of each other (the program application may be submitted first).   + Eligible specialties: family medicine, general surgery, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, and psychiatry.     - During the defined 90-day period, the Sponsoring Institution may only submit applications for programs in the specialties indicated above.     - Other program applications can be submitted *following* the 90-day period and *after* the Sponsoring Institution achieves receives a status of Initial Accreditation.   If part of the pilot, a new Sponsoring Institution can submit a program application before submitting the institutional application, and a program may undergo an accreditation site visit before the Institutional Review Committee meets to review the Sponsoring Institution’s application.  No new accreditation or administrative statuses will be created in ADS as part of this pilot. If a Sponsoring Institution does not achieve Initial Accreditation or the institutional and program applications are not submitted within 90 days of each other and before the end of the pilot period, both the Sponsoring Institution and program(s) will be withdrawn from the Concurrent Application Pilot. If this occurs and a program wishes to reapply, the program will need to submit new application materials and undergo another accreditation site visit once its Sponsoring Institution achieves Initial Accreditation. New program application fees will also be assessed at the time of reapplication.  Learn more about the Concurrent Application Pilot [here](https://www.acgme.org/initiatives/medically-underserved-areas-and-populations/). Email questions about this pilot to [muap@acgme.org](mailto:muap@acgme.org).  Complete the information below to be considered for the pilot. |
| **My Sponsoring Institution would like to participate in the Concurrent Application Pilot:** |
| **Name of Sponsoring Institution:** |
| **Sponsoring Institution ID (if already obtained):** |
| **I confirm that my institution has no history of Accreditation Withheld or Withdrawal of Accreditation and has not yet submitted an institutional or any program applications in ADS:** |
| **I confirm that I will submit the Sponsoring Institution and program applications within 90 days of each other:** |
| **I intend to submit the following specialty applications as part of this pilot (check all that apply):**  Family medicine  General surgery  Internal medicine  Obstetrics and gynecology  Pediatrics  Preventive medicine  Psychiatry |
| **I understand that if my Sponsoring Institution does not achieve Initial Accreditation, or if the institutional and program applications are not submitted within 90 days of each other and before the end of the pilot period, the institution and program(s) will be withdrawn from the Concurrent Application Pilot.** |
| **DIO Name:** |
| **DIO Email:** |
| **DIO Signature:** |
| **Date:** |
| * If you have not yet submitted an Intent to Apply for Institutional Accreditation Form, email this entire completed form to [ADS@acgme.org](mailto:ADS@acgme.org). * If you have already submitted the form, and are only adding application for the Concurrent Application Pilot, email this form with the completed Concurrent Application Pilot section to [muap@acgme.org](mailto:muap@acgme.org) (page 1 does not need to be completed again).   Participation requests will be considered in the order they are received and will be reviewed using the above criteria. The DIO can expect to receive a response within one week of submission. |