

## Non-Standard Training (NST) Program Description Institutional Review Committee

A Sponsoring Institution with Institutional NST Recognition must provide additional information for each of its NST programs in the ACGME's Accreditation Data System (ADS). The information listed below is used to create a profile for each NST program. A brief explanation of what each item means is provided as well. A response to each item is required unless otherwise specified. All free-text questions have a maximum limit of 2,500 characters.

Contact Institutional Review Committee staff at [irc@acgme.org](mailto:irc@acgme.org) with questions.

NST Program Name

*(Select focus area from list or request new NST program type)*

Related Program

*(Select program from drop-down menu of most closely related ACGME-accredited programs)*

NST Program Mailing Address

*(Address 1 / Address 2 / City / State / Zip Code)*

NST Program Website

*(Optional; valid URL format)*

NST Program Phone

*(Valid US phone format)*

NST Program Email

*(Valid email format)*

Participating Sites for NST Program

*(Select from participating sites of the most closely related program)*

Length of NST Program

*(1-36 months)*

Provide the rationale for the length of the NST program if longer than one year.

*(Free text)*

NST Program Director Name

*(Select from Faculty Roster of the most closely related program)*

NST Program Director Preferred Phone

*(Valid US phone format)*

NST Program Director Email

*(Valid email format)*

Training Program Liaison Name  
(First / Last / Degree)

Training Program Liaison Preferred Phone  
(Valid US phone format)

Training Program Liaison Email  
(Valid email format)

Specify any required qualifications of the NST program director.  
(Free text)

List all faculty members other than the NST program director who have responsibility for education or supervision of trainees in the NST program.  
(First / Last / Degree / Participating Site (select); add entries as needed)

Define the educational goals of the NST program.  
(Free text)

Describe NST trainee responsibilities for patient care, care management, and supervision during the NST program.  
(Free text)

Describe required educational experiences and didactic sessions in the NST program.  
(Free text)

Is this primarily a research program?  
(Yes/No)

If "Yes," describe how this NST program will provide advanced clinical training.  
(Free text)

Does the NST program require experience in patient care procedures?  
(Yes/No)

If "Yes," define procedural experience requirements.  
(Free text)

Define the prerequisite education and/or training for entry into the NST program.  
(Free text)

Describe supervision of trainees in the NST program.  
(Free text)

Describe the method(s) for assessment of NST trainees.  
(Free text)

Describe how personnel, clinical services, and other resources will be made available for the NST program without adverse impact on the education of residents or fellows in the Sponsoring Institution's ACGME-accredited program(s).

*(Free text)*

Is the NST program accredited?

*(Yes/No)*

If "Yes," identify the accrediting body.

*(Free Text)*

Is certification available to graduates of the NST program?

*(Yes/No)*

If "Yes," identify the certifying body.

*(Free Text)*

**To Be Completed by the Designated Institutional Official (DIO):**

Indicate the date of Graduate Medical Education Committee (GMEC) approval of the NST program description.

*(MM/DD/YYYY)*

The DIO attests that the NST program provides advanced, specialized clinical training for which there is no ACGME accreditation or American Board of Medical Specialties (ABMS) Member Board certification.

*(Yes/No)*

*(MM/DD/YYYY)*