

See detailed guidance for complete instructions.

Children's Hospitals Graduate Medical Education Payment Program HRSA 100-1-A: Children's Hospital Identification Information	
Name of Children's Hospital	
Address	
City	
State	
Zip Code	
Medicare Provider Number	
Relevant fiscal year for application	
Relevant academic year for application	
Year your hospital first received CHGME funding	
Submission Date of Annual Report	(mm/dd/yy)

Indicate years in which hospital received any CHGME funding :

- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007

Type of Application

Children's Hospitals Graduate Medical Education Payment Program

HRSA 100-1-B: Determination of Children's Hospital GME Training Status

Hospital Name:		0
Medicare Provider Number:		0
Date of Report:		(mm/dd/yy)

How many outside institutions send residents to your hospital?

The table below ascertains accreditation "status" of your GME Programs. For each of the following programs, check the box if your children's hospital is a sponsoring institution, major participating institution, and/or rotation site for an accredited program (check all that apply). If your children's hospital is not involved in a given program, check "not applicable." **This must be at least on box check for each program listed. (but not for "Other: specify")** Indicate with an "*" the training programs that have not yet undergone approval by the ACGME or another accrediting body. If you need to add additional programs that are not listed, please use "Other: specify" options at the end of the table. **See attached guidance for complete instructions.**

	Sponsoring Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Applicable
Primary Care Programs			
Family Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combined Programs			
Internal Medicine Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics/Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics/Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics/Medical Genetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics/Physical Medicine and Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics/Psychiatry/Child & Adolescent Psych	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Medical Subspecialties			
Adolescent Medicine Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Abuse Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Behavioral Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Sponsoring Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Applicable
Hospice and Palliative Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Toxicology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal-Perinatal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurodevelopmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Critical Care Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Hematology/Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Nephrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Pulmonology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Transplant Hepatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Surgical Subspecialties			
Pediatric Cardiothoracic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Otolaryngology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Sponsoring Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Applicable
Other Specialties			
Child and Adolescent Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medicine (Pediatric) ^a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Anesthesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Rehabilitation Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General (Non-pediatric) Specialties			
Anesthesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon & Rectal Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Genetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics and Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otolaryngology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Medicine & Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Sponsoring Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Applicable
Plastic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergy Immunology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Sleep Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Sponsoring Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Aplicable
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

^a Refers to program in which residents first completed an emergency medicine residency followed by a pediatric emergency medicine fellowship versus initially completing a pediatric residency followed by a pediatric emergency medicine fellowship.

Children's Hospitals Graduate Medical Education Payment

Institution

Hospital Name:	0
Medicare Provider Number:	0
Date of Report:	(mm/dd/yy)

For each accredited GME program for which your children’s hospital is a sponsoring institution, please indicate the number of approved FTE resident positions, the number of FTE resident positions recruited to fill, number of FTE resident positions filled, and number residents in FTE training positions in your hospital. Only the programs that are checked on "HRSA 100-1-B Children's Hospital Program Status" appear and should be completed. Please report the total number across all PGY years.

For accredited programs, the number of ACGME approved positions should be entered in Column B. The number of recruited positions (Column C) refers to the number of positions the program actively attempted to fill for the last academic year, Column D is the number of Positions filled, and Column E is the number of FTE residents training in the program. **See detailed guidance for complete instructions.**

	Number of Approved Resident Positions	Number of Recruited Positions	Number of Positions Filled	Number of Residents in FTE Training Positions
Primary Care Programs				
N/A				
N/A				
Combined Programs				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
Pediatric Medical Subspecialties				
N/A				
N/A				
N/A				

	Number of Approved Resident Positions	Number of Recruited Positions	Number of Positions Filled	Number of Residents in FTE Training Positions
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
Pediatric Surgical Subspecialties				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
Other Specialties				
N/A				
N/A				

Children's Hospitals Graduate Medical Education Payment Progr

HRSA 100-1-D Major Participating Institutions and Rotation Sites - Number of FTE Trainees Meeting 75% Standard

Hospital Name:		0
Medicare Provider Number:		0
Date of Report:		(mm/dd/yy)

For each GME program for which your children’s hospital is a major participating institution or a rotation site, please indicate the number of approved positions, the number of FTE resident positions recruited to fill, the total number of residents rotating in the program, and the number of FTEs for which the trainee spends at least

75% of their training time under supervision of your hospital. Only the programs that are checked on "HRS number

across all PGY years. These numbers should be summed and reported across all program years (e.g., PGY1 through PGY4 for general pediatrics, etc.

Please note: If you do not have any approved positions or you have not recruited for any positions, please place a "N/A" in the relevant field. See detailed guidance for complete instructions.

	Number of Approved Positions	Number of Recruited Positions	Number of Residents Rotating through Programs in the Most Recent Academic Year	Number of Trainees Spending ≥ 75% under Children’s Hospital Supervision
Primary Care Programs				
N/A				
N/A				
Combined Programs				
N/A				
N/A				
N/A				
N/A				
N/A				
Pediatric Medical Subspecialties				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				

N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

