

**CHILDREN'S HOSPITALS GRADUATE MEDICAL
EDUCATION PAYMENT PROGRAM**

ANNUAL REPORT FORM HRSA 100-1

Public Burden Statement

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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	FY2011
Relevant academic year for application	July 1, 2009 - June 30, 2010
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
- 2008
- 2009

2010

Type of Application

Children's Hospitals Graduate Medical Education Payment Program

HRSA 100-1-B: CHILDREN'S HOSPITAL GME TRAINING PROGRAM STATUS AND CHANGE

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

How many outside institutions send residents to your hospital?

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The table below asks about the accreditation status of your GME programs and whether a program has been added or dropped since the previous academic year. There must be at least two check marks in each row that lists the name of a program.

Program Status: For each of the programs listed (and for any additional program in which training is offered), check the box indicating whether the program is sponsored by the hospital **and/or** whether the hospital serves as a major participating institution/rotation site for the program. (Check all that apply.) If your children's hospital is not involved in a given program, check "not offered."

Program Change: Also indicate whether each program was added or dropped since the previous academic year by checking the appropriate box. If a program was neither added nor dropped, check "no change."

If you need to add additional programs, please use the "Other: Specify" option at the end of the table and follow the same directions as above.

Each row of this table should have at least one check mark in the Program Status section and one check mark in the Program Change section. See detailed guidance for complete instructions and examples.

	PROGRAM STATUS 2009-2010			PROGRAM CHANGE SINCE 2008-2009		
	Sponsoring Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Offered	Program Added Since 2008-2009	Program Dropped Since 2008-2009	No Change
Primary Care Programs						
Family Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combined Programs						
Internal Medicine /Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics/Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics/Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics/Medical Genetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Sponsorin g Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Offere d	Program Added Since 2008-2009	Program Dropped Since 2008-2009	No Chang e
Pediatrics/Physical Medicine and Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics/Psychiatry/Child & Adolescent Psych	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Medical Subspecialties						
Adolescent Medicine Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Abuse Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Behavioral Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice and Palliative Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Toxicology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal-Perinatal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurodevelopmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Critical Care Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Hematology/Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Nephrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Pulmonology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Transplant Hepatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Sponsorin g Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Offere d	Program Added Since 2008-2009	Program Dropped Since 2008-2009	No Chang e
Pediatric Surgical Subspecialties						
Pediatric Cardiothoracic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Otolaryngology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Specialties						
Child and Adolescent Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medicine (Pediatric) ^a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Anesthesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Rehabilitation Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General (Non-pediatric) Specialties						
Anesthesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon & Rectal Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Genetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Sponsorin g Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Offere d	Program Added Since 2008-2009	Program Dropped Since 2008-2009	No Chang e
Neurological Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics and Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otolaryngology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Medicine & Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergy Immunology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Sleep Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Sponsorin g Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Offere d	Program Added Since 2008-2009	Program Dropped Since 2008-2009	No Chang e
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Sponsorin g Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Offere d	Program Added Since 2008-2009	Program Dropped Since 2008-2009	No Chang e
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 of 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.

The number of approved (accredited) positions should be entered in the first column. The number of positions the program actively recruited to fill in the most recent academic year should be entered in the second column. The third column is the total number of positions filled for all PGY years. The fourth column is the number of residents (people) in FTE positions in the most recent academic year. **Please see guidance for detailed instructions and examples.**

	Number of Approved Positions (2009-2010)	Number of Recruited Positions (2009-2010)	Number of Positions Filled for the Total Program (2009-2010)	Number of Residents in FTE Training Positions (2009-2010)
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 Positions (2009-2010)	Number of Recruited Positions (2009-2010)	Number of Positions Filled for the Total Program (2009-2010)	Number of Residents in FTE Training Positions (2009-2010)
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				

	Number of Approved Positions (2009-2010)	Number of Recruited Positions (2009-2010)	Number of Positions Filled for the Total Program (2009-2010)	Number of Residents in FTE Training Positions (2009-2010)
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
General (Non-pediatric) Specialties				
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				
N/A				

	Number of Approved Positions (2009-2010)	Number of Recruited Positions (2009-2010)	Number of Positions Filled for the Total Program (2009-2010)	Number of Residents in FTE Training Positions (2009-2010)
N/A				
N/A				
N/A				
N/A				
N/A				
<p>^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.</p>				

Children's Hospitals Graduate Medical Education Payment Program

**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)

Complete the required row information for the highlighted GME program(s). If your hospital is not a major participating institution or rotation site for any GME training programs, no GME training program(s) will be identified or highlighted and you should proceed to the next worksheet (HRSA 100-1-E). 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 positions recruited to fill in the most recent academic year (2009-2010), the number of approved positions filled in the most recent academic year, the total number of residents rotating in the program for any length of time, and the number of FTEs for which the trainee spends at least 75 percent of their training time training under your hospital's supervision. The first three column headings refer to approved, recruited, and filled positions only. The last two (fourth and fifth) column headings refer to residents (people). If you do not have any approved positions or you have not recruited for any positions, place a "0" in the first three columns. Report on number of residents (people, not positions) in the last two columns. **See detailed guidance for complete instructions.**

	Number of Approved Positions (2009- 2010)	Number of Recruited Positions (2009- 2010)	Number of Approved Positions Filled (2009- 2010)	Number of Residents Rotating through Programs (2009-2010)	Number of Trainees Spending ≥ 75% under Children's Hospital Supervision (2009-2010)
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					
N/A					
N/A					
N/A					
N/A					
N/A					

	Number of Approved Positions (2009-2010)	Number of Recruited Positions (2009-2010)	Number of Approved Positions Filled (2009-2010)	Number of Residents Rotating through Programs (2009-2010)	Number of Trainees Spending ≥ 75% under Children's Hospital Supervision (2009-2010)
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					
N/A					
N/A					
N/A					
N/A					
N/A					
N/A					
General (Non-pediatric) Specialties					
N/A					
N/A					
N/A					
N/A					
N/A					
N/A					

	Number of Approved Positions (2009-2010)	Number of Recruited Positions (2009-2010)	Number of Approved Positions Filled (2009-2010)	Number of Residents Rotating through Programs (2009-2010)	Number of Trainees Spending \geq 75% under Children's Hospital Supervision (2009-2010)
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					

^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.

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