

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

**ANNUAL REPORT FORM HRSA 100-1**

**Public Burden Statement**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0313. Public reporting burden for the applicant for this collection of information is estimated to average 9.2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14 33, Rockville, Maryland, 20857.

See detailed guidance for complete instructions.

**Children's Hospitals Graduate Medical Education Payment P  
 HRSA 100-1-A: Children's Hospital Identification  
 Information**

<b>Name of Children's Hospital</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Medicare Provider Number</b>	
<b>Relevant fiscal year for application</b>	<b>FY2013</b>
<b>Relevant academic year for application</b>	<b>July 1, 2011 - June 30, 2012</b>
<b>Year your hospital first received CHGME funding</b>	
<b>Submission Date of Annual Report</b>	

Indicate years in which hospital received any CHGME funding :

- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008

2009

2010

2011

2012

**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:	0
Medicare Provider Number:	00-0000
Date of Report:	12/30/99

**How many outside institutions send residents to your hospital?**

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, **including programs without residents actively rotating during the relevant academic year.** (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. **Only indicate a program has been added if it has been newly accredited since the previous academic year. Only indicate a program has been dropped if it has voluntarily or involuntarily lost accreditation since the previous academic year.** 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 2011-2012			PROGRAM CHANGE SINCE 2010-2011		
	Sponsorin g Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Offered	Program Added Since 2010-2011	Program Dropped Since 2010- 2011	No Chang e
<b>Primary Care Programs</b>						
Family Medicine						
Pediatrics						
<b>Combined Programs</b>						
Internal Medicine /Pediatrics						
Pediatrics/Dermatology						

	Sponsorin g Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Offered	Program Added Since 2010-2011	Program Dropped Since 2010- 2011	No Chang e
Pediatrics/Emergency Medicine						
Pediatrics/Medical Genetics						
Pediatrics/Physical Medicine and Rehab						
Pediatrics/Psychiatry/Child & Adolescent Psych						
<b>Pediatric Medical Subspecialties</b>						
Adolescent Medicine Pediatrics						
Child Abuse Pediatrics						
Developmental Behavioral Pediatrics						
Hospice and Palliative Medicine						
Medical Toxicology						
Neonatal-Perinatal Medicine						
Neurodevelopmental Disabilities						
Pediatric Cardiology						
Pediatric Critical Care Medicine						
Pediatric Emergency Medicine						
Pediatric Endocrinology						
Pediatric Gastroenterology						
Pediatric Hematology/Oncology						
Pediatric Infectious Disease						
Pediatric Nephrology						
Pediatric Pulmonology						
Pediatric Rheumatology						

	Sponsorin g Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Offered	Program Added Since 2010-2011	Program Dropped Since 2010- 2011	No Chang e
Pediatric Transplant Hepatology						
Pediatric Sports Medicine						
<b>Pediatric Surgical Subspecialties</b>						
Pediatric Cardiothoracic Surgery						
Pediatric Neurosurgery						
Pediatric Ophthalmology						
Pediatric Orthopedics						
Pediatric Otolaryngology						
Pediatric Surgery						
Pediatric Urology						
<b>Other Specialties</b>						
Child and Adolescent Psychiatry						
Child Neurology						
Emergency Medicine (Pediatric) <sup>a</sup>						
Pediatric Anesthesiology						
Pediatric Dermatology						
Pediatric Pathology						
Pediatric Radiology						
Pediatric Rehabilitation Medicine						
<b>General (Non-pediatric) Specialties</b>						
Anesthesiology						
Colon & Rectal Surgery						
Dermatology						

	Sponsorin g Program	Major Participating Institution or Rotation Site/Other Participating Institution	Not Offered	Program Added Since 2010-2011	Program Dropped Since 2010- 2011	No Chang e
Emergency Medicine						
Medical Genetics						
Neurological Surgery						
Neurology						
Nuclear Medicine						
Obstetrics and Gynecology						
Ophthalmology						
Orthopedic Surgery						
Otolaryngology						
Pathology						
Physical Medicine & Rehabilitation						
Plastic Surgery						
Preventive Medicine						
Psychiatry						
Radiology						
Surgery						
Thoracic Surgery						
Urology						
Allergy Immunology						
Pediatric Sleep Medicine						





	<b>Sponsorin g Program</b>	<b>Major Participating Institution or Rotation Site/Other Participating Institution</b>	<b>Not Offered</b>	<b>Program Added Since 2010-2011</b>	<b>Program Dropped Since 2010- 2011</b>	<b>No Chang e</b>

<sup>a</sup> 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:	00-0000
Date of Report:	12/30/99

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 assigned to sponsoring institutions only 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 (2011-2012)	Number of Recruited Positions (2011-2012)	Number of Positions Filled for the Total Program (2011-2012)	Number of Residents in FTE Training Positions (2011-2012)
<b>Primary Care Programs</b>				
N/A				
N/A				
<b>Combined Programs</b>				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				



	Number of Approved Positions (2011-2012)	Number of Recruited Positions (2011-2012)	Number of Positions Filled for the Total Program (2011-2012)	Number of Residents in FTE Training Positions (2011-2012)
<b>Pediatric Surgical Subspecialties</b>				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
<b>Other Specialties</b>				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
<b>General (Non-pediatric) Specialties</b>				
N/A				
N/A				





	<b>Number of Approved Positions (2011-2012)</b>	<b>Number of Recruited Positions (2011-2012)</b>	<b>Number of Positions Filled for the Total Program (2011-2012)</b>	<b>Number of Residents in FTE Training Positions (2011-2012)</b>
N/A				
N/A				
N/A				
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N/A				
N/A				
N/A				
N/A				
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<sup>a</sup>. 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 Program

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

Hospital Name:	0
Medicare Provider Number:	00-0000
Date of Report:	12/30/99

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 assigned to major participating institutions only**, the number of positions recruited to fill in the most recent academic year (2011-2012), 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 more than 75 percent of their training time training under your hospital's supervision. **Do not submit the number of approved positions assigned to the resident's sponsoring institution.** 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 (2011-2012)	Number of Recruited Positions (2011-2012)	Number of Approved Positions Filled (2011-2012)	Number of Residents Rotating through Programs (2011-2012)	Number of Trainees Spending ≥ 75% under Children's Hospital Supervision (2011-2012)
<b>Primary Care Programs</b>					
N/A					
N/A					
<b>Combined Programs</b>					
N/A					
N/A					
N/A					
N/A					
N/A					
N/A					
<b>Pediatric Medical Subspecialties</b>					
N/A					
N/A					
N/A					









	<b>Number of Approved Positions (2011-2012)</b>	<b>Number of Recruited Positions (2011-2012)</b>	<b>Number of Approved Positions Filled (2011-2012)</b>	<b>Number of Residents Rotating through Programs (2011-2012)</b>	<b>Number of Trainees Spending <math>\geq</math> 75% under Children's Hospital Supervision (2011-2012)</b>
N/A					
N/A					
N/A					
N/A					
N/A					
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<sup>a</sup> 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

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