Attachment 1

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reconciliation Report** | | | | | | | |  |
| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  BUREAU OF HEALTH PROFESSIONS** | | **FOR HRSA USE ONLY** | | | | | |  |
| **Institution:** | | | | **Program: Affordable Care Act Teaching Health Center (THC) Graduate Medical Education (GME) Payment Program** | |  |
| **Submission Tracking Number:** | | **Grant Number:** | | **Reporting Period: 10/1/2012 - 9/30/2013** | |  |
| **FTE Data for Academic Year 2013 - 2014** | | | | | | | |  |
| **Resident Position Identifier**  **(1)** | **FTE paid by THC**  **(2)** | | **FTE paid by Other Sources**  **(3)** | | **Did the resident in this position rotate at a hospital below its Medicare resident cap?**  **(4)** | | **Explain any changes or deviations from the number of FTE(s) funded on your last NGA?**  **(5)** | **If there are any changes or deviations from the number of FTE(s) funded on your last NGA, please indicate the dates that the resident was absent during the reporting period.**  **(6)** |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
| **Total** |  | |  | |  | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FTE Data for Academic Year 2012 - 2013** | | | | |  |
| **Resident Position Identifier** | **FTE paid by THC** | **FTE paid by Other Sources** | **Did the resident in this position rotate at a hospital below its medicare resident cap?** | **Explain any changes or deviations from the number of FTE(s) funded on your last NGA?** | **If there are any changes or deviations from the number of FTE(s) funded on your last NGA, please indicate the dates that the resident was absent during the reporting period.** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  |  |

OMB Approval Number: 0915-0342  
Expiration Date: XX/XX/XXXX

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 0915-0342.  Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, 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 10-29, Rockville, Maryland, 20857.