THCGME Residency Costing Instrument	
Please Enter:	
Name of Residency Program you are providing information on in this workbook:	
THC Program Specialty:	
Residency Accreditation:	
Please indicate the type of Sponsoring Institution for the Residency Program:	
How many residency continuity clinic sites do you have?	
Please indicate the name(s) of the continuity clinic that you are providing financial information on in	
this workbook.	
Please indicate the licensure(s) for the residency continuity clinic that you are providing financial	
information on in this workbook (please specify if other or list multiple):	
Time Period (Day/Month/Year - Day/Month/Year):	
New or Expansion Program Under THC Grant:	
Accredited Class Size per Year (if expansion, put THC and non-THC residents)	
Contact Person:	
Contact Person's E-mail:	

Thank you for your assistance in completing this residency program costing instrument. The information gathered here will be important to inform your THCGME program officers better understand the costs of residency training programs and natural variations that occur between THC programs.

This costing instrument does request detailed information about your residency program. Your faculty scheduling staff and your health center and residency program accounting staff may be best equipped to fill in the needed information.

General Instructions (Detailed Instructions on Each Page):

Contact Person's Telephone: Reviewer(s)/Contributor(s)

Signatories

Enter data into clear cells, and add any additional explanations into orange cells. Gray cells include formulas, and have been locked to prevent accidental changes.

Please enter data for your most recent completed full academic or fiscal year (fill in above), based on your organization's accounting practices.

Please fill out the following worksheets: Visits, Revenue, Fac Salaries Benefits, Precepting Contracts, Residents Salaries Benefits, ResidencyAdmin, ClinicOperations, ClinicAdmin, Staffing, and StartUp. There are no cells to fill in on the Summary worksheet. It will auto-populate based on the other worksheets. However, we recommend you review the Summary worksheet prior to submitting the instrument.

Please be consistent in the sites, departments, and clinical service lines you report on, according to the following guidelines:

a. For patient visits, revenue, faculty and provider FTE, clinic operations and administration, please match your reports across these areas. For example, report patient revenues and clinic operations/administration expenses for the total visits reported in the Visits worksheet.

b. Please report for the resident continuity clinic and inpatient service lines to the smallest units possible given your organization's accounting practices. For example, if it is possible to report clinic operations/administration expenses, visits, and patient revenue for the residency specialty clinic service in the resident continuity clinic site only, excluding other service lines (such as other specialties, pharmacy, lab, x-ray, etc.), then please report to this level of detail.

c. If certain expenses are shared across more than one residency program, please report on only the proportion of the cost/revenue that can be estimated to be attributable to the residency program that you cite above. Please also only restrict your revenues to the proportion that are attributable to the site for which you are reporting.

We understand accounting lines may differ between THC programs. Please use your best judgement on where to enter expenses. Do not enter an expense more than once. For example, if you report an expense in the residency administration worksheet (such as malpractice insurance), do not include that expense when reporting similar expenses in other worksheets.

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 0906-XXXX. Public reporting burden for this collection of information is estimated to average XX 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 10C-031, Rockville, Maryland, 20857.

		Total	(culty Practice ambulatory, ot precepted)	Resident Clinic (Precepted Ambulatory Visits)	Resident Inpatient Service	Residency
Resident and Faculty FTE's:			ne	ot precepted)	VISITS)	Service	
Resident FTE Faculty FTE		0.00	ь	N/A 0.00	N/A 0.00	N/A 0.00	0.00
/isits:							
Visits:			0	0	0	N/A	N/A
npatient Visits			0	N/A	N/A		
Zlinic Sessions			0	0	0	N/A	N/A
Revenue:							
Net Clinic Pt Revenue Net Inpatient Pt Revenue	\$ \$			#DIV/0!	#DIV/0!	#VALUE!	
QHC Grant	\$		-	#DIV/0!	#DIV/0!	N/A	
Other Patient Service Grants Hospital Residency Funding	\$			#DIV/0!	#DIV/0!	#VALUE!	s N/A
THC Grant	\$					N/A	\$
Medicaid GME Other Residency Support	\$		-			N/A	\$
Total Revenue	\$			#DIV/0!	WDIV/0!	#VALUE!	\$
Program Expenses: Personnel Expenses:							
aculty Salaries/Benefits	\$		٠	#DIV/0!	#DIV/0!	\$ -	\$
Precepting Contracts Resident Salaries/Benefits	c	#REF!				N/A N/A	#REF!
Sub-Total	3	#REF!		#DIV/0!	#DIV/0!	\$ -	#REF!
Residency Program Administration:							
Residency Program Administration: Residency Administrative Personnel	\$			N/A	N/A	N/A	
ducation Costs							
Resident Education Stipends Resident Required Training	\$ \$					N/A N/A	\$
Simulation Center Costs	\$		1			N/A	\$ \$ \$
Education Supplies Medical/Dental School or OPTI fees	\$ \$ \$ \$					N/A N/A	\$
Inpatient Service Costs	\$		a i	N/A	N/A	N/A	\$
icensing and Certification Fees							s
Licensing Examination Fees In-Service Examination Fees	\$		i			N/A N/A	\$
Board Certification Fees	\$		-			N/A	\$
Licensing Fees Program Fees and Costs	\$			N/A	N/A	N/A	\$
Accreditation Fees	\$		-	N/A	N/A	N/A	\$
NRMP/Match Participation Fees Recruitment Costs	\$		-			N/A	\$
Graduation Costs	\$					N/A N/A	\$
Faculty/Staff Development	\$		-			N/A	\$
Travel General Liability Insurance	\$ \$ \$ \$ \$ \$ \$ \$ \$		-			N/A	\$
Malpractice Insurance	\$		ì			N/A N/A	\$
Legal and Accounting	\$		-			N/A	\$ \$
Consortium Expenses (if applicable) Rent/Occupancy	\$		1			N/A N/A	\$
Supplies							•
Mobile Communications Devices IT Costs	\$		-			N/A	\$
White Coats/Uniforms	\$ \$		ì			N/A N/A	\$ \$
Office Supplies	\$		-			N/A	\$
Other Sub-Total	\$		- 5	N/A	S -	S -	\$
	_						-
Clinic Operations Expenses: Clinical Support Personnel Salaries/Benefits	¢			#DIV/0!	#DIV/0!	N/A	N/A
Purchased Medical Services	\$ \$ \$ \$ \$ \$ \$ \$ \$			#DIV/0! #DIV/0!	#DIV/0!		
Medical Supplies Medical Equipment	\$			#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
icensing Fees	5			#DIV/0!	#DIV/0!		
Malpractice Insurance	\$			#DIV/0!	#DIV/0!		
HR licenses/maintenance Jniforms	5			#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Occupancy	\$			#DIV/0!	#DIV/0!	N/A	#DIV/0!
Depreciation Other	\$			#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Jub-Total	\$			#DIV/0!	#DIV/0!	\$ -	\$
Clinic Administration Expenses: Administrative Personnel Salaries/Benefits	\$			#DIV/0!	#DIV/0!	\$ -	N/A.
Purchased Admin Services	\$			#DIV/0!	#DIV/0!	\$ -	
Office Supplies Recruitment	5			#DIV/0! #DIV/0!	#DIV/0!	\$ - \$ -	
Staff Development	\$ \$ \$ \$ \$			#DIV/0!	#DIV/0!	\$ - \$ -	
Fravel T Infrastructure	5		•	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	\$ - \$ -	
Other	\$			#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	\$ -	
ub-Total	\$			#DIV/0!	#DIV/0!	\$ -	\$
otal Program Expense		#REF!		#DIV/0!	WDIV/0!	\$ -	#REF!
lverall Profit/Loss		#REF!		#DIV/0!	WDIV/0!	#VALUE!	#REF!
esidency Overhead	s			N/A	N/A	N/A	ς
linical Overhead	\$			#DIV/0!	#DIV/0!	N/A	N/A
otal Overhead	\$			#DIV/0!	WDIV/0!	N/A	\$
xcluding Overhead:							
esidency Program Cost * **							WDIV/0!
ost per Resident							#DIV/0!
ncluding Overhead:							

*Residency program cost and cost per resident exclude explicit residency program funding

** Faculty Practice revenue and expense, non precepted, is not included in the Cost per Resident calculations

Name of Program:	
THC Program Specialty:	
Time Period:	0

Patient Visits

Instructions:

Report for the resident continuity clinic and inpatient service lines to the smallest units possible given your organization's accounting practices.

* For example, if it is possible to report clinic operations/administration expenses, visits, and patient revenue for the residency specialty clinic service in the resident continuity clinic site only, excluding other service lines (such as other specialties, pharmacy, lab, x-ray, etc.), then please report to this level of detail.

Enter the total number of clinical sessions matched to the reported visits. A session can be a morning, afternoon, or evening session. Sessions should be reported for all relevant providers.

* For example, if 4 providers are working during a morning session, the total sessions would equal 4.

For the Inpatient Service, enter the total patient visits for all revenue generating services where residents provide care on a continuous basis

Faculty Practice visits should include patient visits for faculty in the THC residency program specialty in the residency continuity clinic sites.

* For example, if your THC program is a family medicine program, only enter patient visits for family medicine faculty when they are not precepting.

		Numbers of Patient Visits/Sessions in the Reporting Year														
			Ambulatory Visits in the Resident Continuity Clinic													
			Non-Precept	ed			Inpatient									
							-			Resident Total	Service (if					
		Residency Faculty	Non-Faculty	(Please enter the specialty of	PGY-1	PGY-2	PGY-3	PGY-4		(All PGYs +	applicable)					
Visits	Total Medical or Dental	Practice	Providers	non-faculty providers below)	Residents	Residents	Residents	Residents	Chief Residents	Chiefs)						
Clinic										0	N/A					
Inpatient					N/A	N/A	N/A	N/A	N/A	N/A						
Clinic Sessions										0	N/A					

Payer Mix:

	Resident Site(s) Pe	ercent of Visits	
	Outpatient Service	Inpatient Service	Notes
Total Medicaid			
Total Medicare			
Dual Eligible (Medicaid &			
Medicare)			
Charity Care			
Sliding Scale			
Workman's comp			
Military Tri-Care			
Number Written Off as Bad			
Debt			
Other Public			
Total Private	·		
Self-Pay	·		
Total	-	-	

Name of Program:	
THC Program Specialty:	
Time Period:	0

Patient Revenue

Outpatient Resident Clinic and Inpatient Revenue Instructions:

For Outpatient Revenue, enter the patient revenue generated in the residency continuity clinic site matched to the site listed in the first page, and used for the total medical or dental visits and clinical operations and administration expenses reported.

- * Full Charges should reflect the total full charges for services rendered to patients
- * Amount Collected should reflect the gross receipts for the period on a cash basis, regardless of the period in which the paid for services were rendered

For the Inpatient Revenue, enter the total patient revenue matched to residency inpatient service visits reported

Outpatient Resident Clinic and Resident Inpatient Service

outputient resident clime and resident inputient		dent Clinic Revenue	Inpatient Reside	nt Service Revenue	1
			,		Space for THC to describe if
	Full Charges This	Amount Collected	Full Charges This	Amount Collected	categories are combined, or
Payer	Period	This Period	Period	This Period	other explanations.
Total Medicaid					
Total Medicare					
Dual Eligible (Medicaid & Medicare)					
Charity Care					
Sliding Scale					
Workman's comp					
Military Tri-Care					
Amount Written Off as Bad Debt					
Other Public					
Total Private					
Self-Pay					
Subtotals	\$ -	\$ -	\$ -	\$ -	
Retroactive Settlements, Receipts, Paybacks:	<u> </u>				
Collections of Retroactive Payments					
Penalty/Payback					
Total Adjusted Revenue		\$ -		\$ -	
FQHC Grant					
					End Date of Grant/Renewable
Other Patient Service Grants:					or Non-renewable
Source					
Total Patient Service Grants		\$ -		\$ -	

Residency Program Funding

Instructions:

For Residency Program Funding, <u>include only funding that explicitly supports resident training or other activities</u>. For example, if your organization receives a "PCMH" grant explicitly to support resident training in PCMH, include that grant here. If the PCMH grant supports clinical service in the site for which this workbook is covering, include the grant in Other Patient Service Grants above.

Residency Program Funding	Total Amount		
Hospital Residency Funding			
THCGME Payment			
Medicaid GME			
Grants:		End Date of Grant	Renewable or Non-renewable
Source			
Sub-Total Grants	\$ -		
Donations			
Other:		End Date of Grant	Renewable or Non-renewable
Meaningful Use Incentives			
Source			
Source			
Sub-Total Other	\$ -		
Total Grants & Other Residency Support	\$ -		

Medical Student Funding

	Total Amount
Medical Student Funding	

OMB Number 0906-XXXX and Expiration date XX/XX/201X Revenue

Name of Program:	
THC Program Specialty:	
Time Period:	0

Faculty Salary and Benefits

Instructions:

To determine FTE allocation, please use actual data of time spent in the different areas from your most recently completed academic year

* In general, 1 session per week or 48 sessions per year is 0.1 FTE. Sessions can be a morning, afternoon or evening session, and are often approximately 4 hours.

For Total FTE, report the total time the individual works, matched to the Total Salary and Benefits reported.

* For example, if the individual works for the health center 0.5 FTE, enter 0.5 and the total salary and benefits correlated to that 0.5 FTE.

If there is insufficient space for core, part time, or other faculty, list additional faculty positions below. Totals will auto-populate the Additional Faculty line.

For Other Providers - Non-Teaching, report the total FTE for all non-teaching providers in the residency continuity clinic site related to the number of visits and revenue reported in the Visits and Revenue worksheets.

Include other specialty faculty in Residency Faculty FTE Allocations only if they have dedicated residency program time. Otherwise include in Other Providers - Non-Teaching if appropriate.

* For example, for a family medicine residency, include OB-Gyn, internal medicine, or pediatrics faculty only if they are covering resident inpatient services (including OB) or have dedicated residency teaching, curriculum, or administrative time If benefit payments are reported separately from salary, report in the "Total Benefits" column. Otherwise include in the "Total Salary" column.

					Residence	y Faculty FTE A	Allocations						Cos	t			
			Faculty Practice (Ambulatory, Not	Resident Clinic (Precepted Ambulatory	Resident			Residency	Other Grants (Non-			(Ambulatory,	Resident Clinic (Precepted Ambulatory	Resident			Other Grants
Faculty Salaries and Benefits	Specialty	Total FTE	Precepting)	Visits)	Inpatient Service	Clinic Admin	Residency	Description of Activities	Residency)	Total Salary	Total Benefits	Not Precepting)	Visits)	Inpatient Service	Clinic Admin	Residency	(Non-Residency)
Example - Core Faculty	Internal Medicine	1.00	0.10	0.20	0.10	0.10	0.50		0.00	\$ 165,000							
Program Director		0.00										\$ -	\$ -	\$ -	\$ -	\$. \$ -
Associate Program Director		0.00										\$ -	\$ -	\$ -	\$ -	\$. \$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$. \$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$. \$ -
Core Faculty		0.00										\$ -	#VALUE!	\$ -	\$ -	\$. \$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$. \$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$. \$ -
Core Faculty		0.00										#VALUE!	#VALUE!	#VALUE!	\$ -	#VALUE!	\$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$. \$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$. \$ -
Core Faculty		0.00										#VALUE!	#VALUE!	#VALUE!	\$ -	#VALUE!	\$ -
Part time faculty		0.00										\$ -	#VALUE!	#VALUE!	\$ -	#VALUE!	\$ -
Part time faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$. \$ -
Part time faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$. \$ -
Part time faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$. \$ -
Behaviorist (if applicable)		0.00										\$ -	\$ -	\$ -	\$ -	\$. \$ -
Director of Research (if applicable)		0.00										\$ -	\$ -	\$ -	\$ -	\$. \$ -
Additional Faculty (See below)		0.00	0.00	0.00	0.00	0.00	0.00		0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$. \$ -
Providers - Non-Teaching (e.g. MA, PA)		0.00		N/A			N/A					\$ -	#VALUE!	\$ -		#VALUE!	\$ -
Total		0.00	0.00	0.00	0.00	0.00	0.00		0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$.	· \$ -

Additional Faculty Positions:	Total FTE	Faculty Practice (Ambulatory, Not Precepting)	Resident Clinic (Precepted Ambulatory Visits)	Inpatient Service	Clinic Admin	Residency	Residency Notes	Other Grants (Non- Residency)	Total Salary	Total Benefits	Faculty Practice (Ambulatory, Not Precepting)	Resident Clinic (Precepted Ambulatory Visits)	Inpatient Service	Clinic Admin	Residency	Other Grants
,	0.00	,	·			•					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
	0.00										\$ -	\$ -	\$ -		\$ -	\$ -
Total	0.00	0.00	0.00	0.00	0.00	0.00		0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Name of Program:	
THC Program Specialty:	
Γime Period:	0

Residency Program Precepting Contracts

Instructions:

Report the amount paid by the residency under "Total Amount for Contracts Paid by the Residency", and the amounts paid by the hospital under "Total Amount for Contracts Paid by the Hospital".

Enter the amount of any contracts with hospital or community preceptors to provide training experiences for your residents that are paid for by the residency.

In some situations, these fees are paid by the hospital rather than the residency program.

If this is the case for your program, please include the hospital payments under the "Total Amount for Contracts Paide by the Hospital" for contracts where the hospital makes the payments.

	Total Amount for	Total Amount for
Preceptorships	Contracts Paid by the	Contracts Paid by the
Assistant Program Director		
Medical Student Clerkship Director		
Simulation Lead		
Clinic Director		
Behavioral Health		
Community Preceptors		
Critical Care		
Emergency Medicine		
Family Medicine		
General Adult Medicine/Internal Medicine		
General Pediatrics		
General Surgery		
Geriatrics		
Gynecology		
Hospitalist		
Neurology		
OB/GYN		
Obstetrics		
Psychiatry		
Radiology		
Additional Preceptorships Internal Medicine		
Additional Preceptorships Pediatrics		
Additional Preceptorships Dentistry		
Additional Preceptorships Dentistry		
Type/Field		
Type/Field		
	\$ -	\$ -

	Evaluation and Initial Assessment of the HRSA Teaching Health Centers Graduate Medical Education Program The George Washington University Principal Investigator: Marsha Regenstein marshar@gwu.edu
ram	

Name of Program:	
THC Program Specialty:	
Time Period:	0

Residents Salaries and Benefits

Instructions:

Use actual numbers for yout fiscal year reported. Average Annual Salary per FTE refers to the average annual salary for each residency year in the event that residents within each year are paid differently.

If benefit payments are reported separately from salary, report in the "Average Annual Benefits per FTE" column. Otherwise include in the "Average Annual Salary per FTE" column.

Report partial salaries as full amount for the period you are reporting for (i.e. if reporting for one year report annual amounts).

For "Chief Residents" row, report FTE, salaries & benefits for Chief Residents that are beyond the final year of training here. For example, if your Chief Residents are in PGY-3, report their salaries as a PGY-3, leaving the "Chief Residents" row blank.

Add rows if you have more than 7 residents for any given PGY.

		Average Annual Salary	Average Annual	
Year of Residency	FTE per resident	per FTE	Benefits per FTE	Total
PGY-1				\$ -
PGY-1				\$ -
PGY-1				\$ -
PGY-1				\$ -
PGY-1				\$ -
PGY-1				\$ -
PGY-1				\$ -
PGY-2				\$ -
PGY-2				\$ -
PGY-2				\$ -
PGY-2				\$ -
PGY-2				\$ -
PGY-2				\$ -
PGY-2				\$ -
PGY-3				\$ -
PGY-3				\$ -
PGY-3				\$ -
PGY-3				\$ -
PGY-3				\$ -
PGY-3				\$ -
PGY-3				\$ -
PGY-4				\$ -
PGY-4				\$ -
PGY-4				\$ -
PGY-4				\$ -
PGY-4				\$ -
PGY-4				\$ -
PGY-4				\$ -
PGY-4				\$ -
PGY-4				\$ -
Chief Resident(s)				\$ -
Chief Resident(s)				\$ -
Chief Resident(s)	_			\$ -
Total	0.00	\$ -	\$ -	\$ -

Name of Program: THC Program Specialty: Time Period:

Residency Program Administration Expenses

Residency Administrative Personnel
Instructions:
For Total FTE, include only time that is dedicated to the residency program
For Total Salary and Total Benefits enter the total salary and benefits received by the individual
If benefit payments are reported separately from salary, report in the Total Benefits column. Otherwise include in the Total Salary column.

			Cost	
Admin Support Salaries	Total FTE	Total Salary	Total Benefits	Residency Program Cost
Provide Title and Role	TOTALFIL	Total Salary	Total beliefits	ć
Provide Title and Role				ė -
Provide Title and Role				\$ -
Provide Title and Role				\$ -
Provide Title and Role				\$ -
Provide Title and Role				\$.
Provide Title and Role				\$.
Provide Title and Role				\$ -
Total	0.00	\$ -	\$ -	\$ -

Residency Program Explicit Expenses
Instructions:
Please report only those expenses charged directly to the residency program for which this costing instrument applies. In any cases where the residency program is not explicitly charged, please enter "0"

Do not include expenses reporter	a in other spreadsin	eets, such as faculty development included in faculty benefits costs or insurance or licensing fees included in clinical operations costs.
		Additional Instructions
Total Residency Square Footage		Please insert the square footage of the space allocated for the residency educational functions
	Total Amount	
ducation Costs:	Total Amount	-
Resident Education Stipends		
Resident Required Training		Include fees paid for any resident required training programs, such as ACLS/PALS etc.
Simulation Center Costs		Include any costs associated with simulation exersices. These may include cost of simulation equipment, related supplies, or fees to access simulation centers
Education Supplies		Educational supplies may include costs associated with library resources, textbooks, journal subscriptions, scholarly association fees, software
Medical/Dental School or OPTI fees		Report any fees associated with medical school, dental school or OPTI affiliations
General Educational Allowance		Lump sum amount given to residents for their own purchase of educational supplies and materials
Inpatient Service Costs		Report any additional inpatient service payments. Do not include any precepting contracts reported in the "Precepting Contracts" spreadsheet.
Licensing/Certification Fees:		report any additional impatients. For not include any precepting contracts reported in the 11 recepting contracts.
Licensing Examination Fees		Include any fees paid for resident licensing exams, such as USMLE fees
In-Service Examination Fees		include any lees paid for resident ficensing exams, such as osivite fees
Board Certification Fees		Include any fees paid for residents for Board certification exams or training
Board Preparation Costs	 	medical any recording for residence for board certification examined
Licensing Fees	 	Include any practice licensing fees paid for residents (not faculty: faculty licenses should be listed under ClinicOps row 18)
Program Fees and Costs:	1	include any produce incrising rees paid for residents (not faculty licenses should be listed under clinicops row to)
Accreditation Fees		Include per program annual assessments and per resident fees for use of any accreditation services
NRMP/Match Participation Fees		Include per piggram annual assessments and per resource to use or any accretitation services Include any fees paid for participation in the NRMP, AOA, or other match programs
Recruitment Costs		Include any costs associated with recruitment, such as candidate travel, give-a-ways, meals, brochures, etc
Graduation Costs		Include any costs associated with rectulinent, south as candidate in aver, giver-a-ways, meas, proclinies, etc
Faculty/Staff Development		Include Cost of graduation stand as venue, noot, entertainment, certificate, etc. Include faculty development costs such as NIPPD, and staff development costs such as conferences, association dues, etc. STFM dues, etc.
Travel		Include travel to educational courses and conferences, and any other travel that is paid for by the residency program, except "away rotation housing"
Away Rotation Housing		Include traver to educational courses and contentrates, and any other traver that is part for by the residency program for away rotations Lodging costs paid by the residency program for away rotations
General Liability Insurance		
Malpractice Insurance		Include any general liability insurance purchased for the residency program
		Only include malpractice insurance if specifically paid for residents or faculty related to residency program activities Include all legal and accounting fees associated with the residency program
Legal and Accounting Consortium Expenses (if applicable)		include all legal and accounting fees associated with the residency program If you have a consortium, include any expenses associated with that consortium that do not appear in any other worksheet
	-	
Rent/Occupancy Supplies:		Report only rent or occupancy fees specifically charged to the residency program for residency program space
Mobile Communications Devices	1	Include any pagers or cell phones purchased for residents or residency program staff
IT Costs	-	include any pagers or cein priones purchased for residents or residenty program stari Only include IT costs charged directly to the residency program, such as laptop computers, e-mail service, or residency program management software for residen
White Coats/Uniforms	-	Only include it costs charged directly to the residency program, such as laptop computers, e-mail service, or residency program management software for residen
	-	4
Printing and Postage Office Supplies	-	4
Other:		List any avenues and detailed shows that are associated with the administration of the sociation program. Also include the text for the sociation of the sociat
Other: Other Expense Type		List any expenses not detailed above that are associated with the administration of the residency program. Also include the total for the academic year
Other Expense Type Other Expense Type	-	4
	-	4
Other Expense Type	-	-
Other Expense Type	-	-
Other Expense Type	-	-
Other Expense Type	-	4
Other Expense Type	-	-
Other Expense Type Total Other	Ś.	
Total	\$	
Overhead:	1	Report any central administrative overhead costs charged to the residency program; Please indicate what your program includes in "overhead cost"
Expense Type		<u> </u>
Expense Type		<u> </u>
Expense Type		4
Expense Type		<u> </u>
Expense Type		4

Evaluation and Initial Assessment of the HRSA Teaching Health Centers Graduate Medical Education Program The George Washington University

Principal Investigator: Marsha Regenstein marshar@gwu.edu

Residency Program Administration In-Kind Donations

Please include here the value of residency administration costs that you do not have to pay because they are provided for free by other entities.

For example. If your reisdency is housed for free in a location, please estimate and enter below what you would have to pay for square footage, had the residency been required to pay for the space it occupies.

Residency Program Only In-Kind Donations

Please report only those in-kind donations that would have been charged directly to the residency program for which this costing instrument applies. The in-kind donations would be expected to match the "0" items entered in ResidAdmin tab. Additional Instructions

Please insert the square footage of the space allocated for the residency educational functions **Total Residency Square Footage** Total Amount Education Costs:
Resident Education Stipends
Resident Required Training
Simulation Center Costs Include fees paid for any resident required training programs, such as ACLS/PALS etc.
Include any costs associated with simulation exersices. These may include cost of simulation equipment, related supplies, or fees to access simulation centers
Educational supplies may include costs associated with library resources, textbooks, journal subscriptions, scholarly association fees, software
Report any fees associated with medical school, dental school or OPTI affiliations
Lump sum amount given to residents for their own purchase of educational supplies and materials **Education Supplies** Medical/Dental School or OPTI fees General Educational Allowa eport any additional inpatient service payments. Do not include any precepting contracts reported in the "Precepting Contracts" spreadsheet. Inpatient Service Costs Licensing/Certification Fees: clude any fees paid for resident licensing exams, such as USMLE fees In-Service Examination Fees Board Certification Fees clude any fees paid for residents for Board certification exams or training **Board Preparation Costs** Licensing Fees clude any practice licensing fees paid for residents (not faculty: faculty licenses should be listed under ClinicOps row 18) Program Fees and Costs nclude per program annual assessments and per resident fees for use of any accreditation services nclude any fees paid for participation in the NRMP, AOA, or other match programs nclude any costs associated with recruitment, such as candidate travel, give-a-ways, meals, brochures, etc NRMP/Match Participation Fees Recruitment Costs **Graduation Costs** nclude cost of graduation such as venue, food, entertainment, certificates, etc nclude faculty development costs such as NIPPD, and staff development costs such as conferences, association dues, etc. STFM dues, etc. Faculty/Staff Development Travel nclude travel to educational courses and conferences, and any other travel that is paid for by the residency program, except "away rotation housing" Away Rotation Housing odging costs paid by the residency program for away rotations General Liability Insurance nclude any general liability insurance purchased for the residency program Only include malpractice insurance if specifically paid for residents or faculty related to residency program activities include all legal and accounting fees associated with the residency program Malpractice Insurance Legal and Accounting Consortium Expenses (if applicable) If you have a consortium, include any expenses associated with that consortium that do not appear in any other worksheet Report only rent or occupancy fees specifically charged to the residency program for residency program space Rent/Occupancy Include any pagers or cell phones purchased for residents or residency program staff
Only include IT costs charged directly to the residency program, such as laptop computers, e-mail service, or residency program management software for residents White Coats/Uniform Printing and Postage Office Supplies List any expenses not detailed above that are associated with the administration of the residency program. Also include the total for the time period this worksheet applies to. Other Expense Type Other Expense Type
Other Expense Type
Other Expense Type
Other Expense Type Other Expense Type Other Expense Type Total Other rt any central administrative overhead costs paid by others but would normally be charged to the residency program; Please indicate what your program includes in "overhead cost"

Evaluation and Initial Assessment of the HRSA Teaching Health Centers Graduate Medical Education Program
The George Washington University
Principal Investigator: Marsha Regenstein marshar@gwu.edu

Name of Program:	
THC Program Specialty:	
Time Period:	0

Clinic Administrative Expenses: Include all clinic administrative costs that are not included as part of the residency admin tab or as part of overhead

Instructions:

Enter expenses matched to the total medical or dental visits, revenue, and clinic operation expenses reported for the resident continuity clinic site Include all clinic administrative costs that are not included as part of the residency admin tab or as part of overhead Do not include expenses reported in other spreadsheets. For example, do not report here malpractice insurance or licensing fees reported in the residency admin expenses. In the "Inpatient Service" column, report any administrative costs allocated to the inpatient service.

	Costs		
	Residency		
	Continuity Clinic	Inpatient Service (if	
	Site	applicable)	
Administrative Personnel Salaries/Benefits			
Purchased Admin Services			
Office Supplies			
Recruitment			
Staff Development			
Travel			
IT Infrastructure			
Other Expense Type			
Total Other	\$ -	\$ -	
Total Clinic Admin Expenses	\$ -	\$ -	

Additional Instructions:

Include any contracts for administrative type services for the clinic only

Include the cost of clinic office supplies

Include any additional recruitment costs that are separate from the residency recruitment costs

Include any non-residency, clinic staff development costs

Include any travel associated with clinical activities

Include any hardware, wiring, servers etc purchased in the last full academic year

Include the name and amount of any other expenses that are not duplicative

Overhead		
Administrative Overhead		N/A
Finance and Accounting Overhead		N/A
Physical Plant		N/A
IT Overhead		N/A
Other Expense Type		N/A
Other Expense Type		N/A
Other Expense Type		N/A
Total Other	\$ -	N/A
Total Overhead	\$ -	N/A

Report any additional centralized overhead costs here that were not reported elsewhere

This may include your organization's CEO, CFO, COO, CNO, CMO, etc.

This may include your organization's finance office, billing office, accounting fees, payroll office, etc

include any maintenance, mortgage, repairs, etc. that are allocated as overhead to the residency continuity clinic site.

Usually includes IT department staff

List the name and amount of any other overhead categories that are allocated to the residency continuity clinic site

Evaluation and Initial Assessment of the HRSA Tear The George Washington University Principal Investigator: Marsha Regenstein marshar@	•	duate Medical Education Program
Name of Program: THC Program Specialty: Time Period:		0
Instructions: Enter expenses matched to the total medical or	dental visits, revenue,	and clinic administration expenses reported for the resident continuity clinic site. do not include malpractice insurance or licensing fees reported in the residency admin expenses.
Clinic Square Footage		Additional Instructions: Insert the total Clinic square footage of the Family Medicine Center, NOT including any residency/educational space.
	Total Amount	
Clinical Support Personnel Salaries/Benefits		
Purchased Medical/Dental Services		Purchased medical services are contracted clinical services that are not accounted for in any other category
Medical/Dental Supplies		Include any medical/dental supplies for patient care services in the residency continuity clinic
Medical/Dental Equipment		Include any medical/dental equipment purchasing or maintenance costs of that medical equipment
Licensing Fees		Include any licensing fees of the actual clinical site or of faculty, providers and staff working at that site Include any malpractice costs above and beyond FTCA coverage, if applicable. Please do not duplicate malpractice insurance expenses
Malpractice Insurance		provided in ResidAdmin in cell C55
EHR licenses/maintenance		If EHR licenses are a one time fee, just insert maintenance costs here. If licenses are paid annually, include license and maintenance fees
Uniforms		Include the cost of staff uniforms, white coats, scrubs, etc
Occupancy		Include any rent, building maintenance, or utilities costs not explicitly reported elsewhere.
Depreciation		Include equipment or facility depreciation for any items not reported in line 17 "Medical/Dental Equipment" above.
Other Expense Type		Report the name and amount of any other expenses not listed above.
Other Expense Type		
Other Expense Type		
Other Expense Type		
Total Other	\$	

Total

Name of Program:	
THC Program Specialty:	
Time Period:	0

Instructions:
Please complete this worksheet if your residency program accepted its first class of residents in 2010 or later

Include all costs associated with the start-up phase of your residency program. These are costs expended prior to the start of your residency program. Do not report any costs here that are already reported as expenses in other worksheets in this workbook.

If benefit payments are reported separately from salary, report in the Benefits row. Otherwise include in the Personnel costs.

or teaching space.