

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

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):
 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.

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

Name of Program:
 THC Program Specialty:
 Time Period:

Summary Page - This page will be autopopulated by your answers in the following worksheets.

	Total	Faculty Practice	Resident Clinic	Resident	Residency
		(Ambulatory not precepted)	(Precepted Ambulatory Visits)	Inpatient Service	
Resident and Faculty FTE's:					
Resident FTE	0.00	N/A	N/A	N/A	0.00
Faculty FTE	0.00	0.00	0.00	0.00	0.00
Visits:					
Clinic Visits	0	0	0	N/A	N/A
Inpatient Visits	0	N/A	N/A	N/A	N/A
Clinic Sessions	0	0	0	N/A	N/A
Revenue:					
Net Clinic PI Revenue	\$ -	#DIV/0!	#DIV/0!	#VALUE!	N/A
Net Inpatient PI Revenue	\$ -	N/A	N/A	N/A	N/A
FQHC Grant	\$ -	#DIV/0!	#DIV/0!	N/A	N/A
Other Patient Service Grants	\$ -	#DIV/0!	#DIV/0!	#VALUE!	N/A
Hospital Residency Funding	\$ -	N/A	N/A	N/A	\$ -
THC Grant	\$ -	N/A	N/A	N/A	\$ -
Medicaid GME	\$ -	N/A	N/A	N/A	\$ -
Other Residency Support	\$ -	N/A	N/A	N/A	\$ -
Total Revenue	\$ -	#DIV/0!	#DIV/0!	#VALUE!	\$ -
Program Expenses:					
Personnel Expenses:					
Faculty Salaries/Benefits	\$ -	#DIV/0!	#DIV/0!	\$ -	\$ -
Precepting Contracts	\$ #REF!	N/A	N/A	N/A	\$ #REF!
Resident Salaries/Benefits	\$ -	N/A	N/A	N/A	\$ -
Sub-Total	\$ #REF!	#DIV/0!	#DIV/0!	\$ -	\$ #REF!
Residency Program Administration:					
Residency Administrative Personnel					
Education Costs	\$ -	N/A	N/A	N/A	\$ -
Resident Education Stipends	\$ -	N/A	N/A	N/A	\$ -
Resident Required Training	\$ -	N/A	N/A	N/A	\$ -
Simulation Center Costs	\$ -	N/A	N/A	N/A	\$ -
Education Supplies	\$ -	N/A	N/A	N/A	\$ -
Medical/Dental School or OPTI fees	\$ -	N/A	N/A	N/A	\$ -
Inpatient Service Costs	\$ -	N/A	N/A	N/A	\$ -
Licensing and Certification Fees					
Licensing Examination Fees	\$ -	N/A	N/A	N/A	\$ -
In-Service Examination Fees	\$ -	N/A	N/A	N/A	\$ -
Board Certification Fees	\$ -	N/A	N/A	N/A	\$ -
Licensing Fees	\$ -	N/A	N/A	N/A	\$ -
Program Fees and Costs					
Accreditation Fees	\$ -	N/A	N/A	N/A	\$ -
NRMP/Match Participation Fees	\$ -	N/A	N/A	N/A	\$ -
Recruitment Costs	\$ -	N/A	N/A	N/A	\$ -
Graduation Costs	\$ -	N/A	N/A	N/A	\$ -
Faculty/Staff Development	\$ -	N/A	N/A	N/A	\$ -
Travel	\$ -	N/A	N/A	N/A	\$ -
General Liability Insurance	\$ -	N/A	N/A	N/A	\$ -
Malpractice Insurance	\$ -	N/A	N/A	N/A	\$ -
Legal and Accounting	\$ -	N/A	N/A	N/A	\$ -
Consortium Expenses (if applicable)	\$ -	N/A	N/A	N/A	\$ -
Rent/Occupancy	\$ -	N/A	N/A	N/A	\$ -
Supplies					
Mobile Communications Devices	\$ -	N/A	N/A	N/A	\$ -
IT Costs	\$ -	N/A	N/A	N/A	\$ -
White Coats/Uniforms	\$ -	N/A	N/A	N/A	\$ -
Office Supplies	\$ -	N/A	N/A	N/A	\$ -
Other	\$ -	N/A	N/A	N/A	\$ -
Sub-Total	\$ -	\$ -	\$ -	\$ -	\$ -
Clinic Operations Expenses:					
Clinical Support Personnel Salaries/Benefits	\$ -	#DIV/0!	#DIV/0!	N/A	N/A
Purchased Medical Services	\$ -	#DIV/0!	#DIV/0!	N/A	N/A
Medical Supplies	\$ -	#DIV/0!	#DIV/0!	N/A	N/A
Medical Equipment	\$ -	#DIV/0!	#DIV/0!	N/A	N/A
Licensing Fees	\$ -	#DIV/0!	#DIV/0!	N/A	N/A
Malpractice Insurance	\$ -	#DIV/0!	#DIV/0!	N/A	N/A
EHR licenses/maintenance	\$ -	#DIV/0!	#DIV/0!	N/A	N/A
Uniforms	\$ -	#DIV/0!	#DIV/0!	N/A	#DIV/0!
Occupancy	\$ -	#DIV/0!	#DIV/0!	N/A	N/A
Depreciation	\$ -	#DIV/0!	#DIV/0!	N/A	N/A
Other	\$ -	#DIV/0!	#DIV/0!	N/A	N/A
Sub-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!	\$ -	N/A
Office Supplies	\$ -	#DIV/0!	#DIV/0!	\$ -	N/A
Recruitment	\$ -	#DIV/0!	#DIV/0!	\$ -	N/A
Staff Development	\$ -	#DIV/0!	#DIV/0!	\$ -	N/A
Travel	\$ -	#DIV/0!	#DIV/0!	\$ -	N/A
IT Infrastructure	\$ -	#DIV/0!	#DIV/0!	\$ -	N/A
Other	\$ -	#DIV/0!	#DIV/0!	\$ -	N/A
Sub-Total	\$ -	#DIV/0!	#DIV/0!	\$ -	\$ -
Total Program Expense	#REF!	#DIV/0!	#DIV/0!	\$ -	#REF!
Overall Profit/Loss	#REF!	#DIV/0!	#DIV/0!	#VALUE!	#REF!
Residency Overhead	\$ -	N/A	N/A	N/A	\$ -
Clinical Overhead	\$ -	#DIV/0!	#DIV/0!	N/A	N/A
Total Overhead	\$ -	#DIV/0!	#DIV/0!	N/A	\$ -
Excluding Overhead:					
Residency Program Cost * **				#DIV/0!	
Cost per Resident				#DIV/0!	
Including Overhead:					
Residency Program Cost * **				#DIV/0!	
Cost per Resident				#DIV/0!	

*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:

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

Payer Mix:

	Resident Site(s) Percent of Visits		Notes
	Outpatient Service	Inpatient Service	
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	-	-	

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:

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

Payer	Outpatient Resident Clinic Revenue		Inpatient Resident Service Revenue		Space for THC to describe if categories are combined, or other explanations.
	Full Charges This Period	Amount Collected This Period	Full Charges This Period	Amount Collected This Period	
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:					
Collections of Retroactive Payments					
Penalty/Payback					
Total Adjusted Revenue	\$ -	\$ -	\$ -	\$ -	
FQHC Grant					
Other Patient Service Grants:					End Date of Grant/Renewable or Non-renewable
Source					
Source					
Source					
Source					
Source					
Total Patient Service Grants	\$ -	\$ -	\$ -	\$ -	

Residency Program Funding

Instructions:

For Residency Program Funding, include only funding that explicitly supports resident training or other activities. 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			
Source			
Source			
Source			
Source			
Sub-Total Grants	\$ -		
Donations		End Date of Grant	Renewable or Non-renewable
Other:			
Meaningful Use Incentives			
Source			
Source			
Sub-Total Other	\$ -		
Total Grants & Other Residency Support	\$ -		

Medical Student Funding	Total Amount
Medical Student Funding	

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 The George Washington University
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Name of Program:
 THC Program Specialty:
 Time Period:

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.

Faculty Salaries and Benefits	Specialty	Residency Faculty FTE Allocations							Residency Description of Activities	Other Grants (Non-Residency)	Cost						
		Total FTE	Faculty Practice (Ambulatory, Not Precepting)	Resident Clinic (Precepted Ambulatory Visits)	Resident Inpatient Service	Clinic Admin	Residency	Faculty Practice (Ambulatory, Not Precepting)			Resident Clinic (Precepted Ambulatory Visits)	Resident Inpatient Service	Clinic Admin	Residency	Other Grants (Non-Residency)		
<i>Example - Core Faculty</i>	<i>Internal Medicine</i>	1.00	0.10	0.20	0.10	0.10	0.50		0.00	\$ 165,000	\$ 39,600	\$ 20,460	\$ 40,920	\$ 20,460	\$ 20,460	\$ 102,300	\$ -
Program Director		0.00								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Associate Program Director		0.00								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Part time faculty		0.00								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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						\$ -	\$ -	\$ -	#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								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	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:	
Time 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 Paid by the Hospital" for contracts where the hospital makes the payments.

Preceptorships	Total Amount for Contracts Paid by the	Total Amount for 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 Internal Medicine		
Additional Preceptorships Internal Medicine		
Additional Preceptorships Internal Medicine		
Additional Preceptorships Internal Medicine		
Additional Preceptorships Internal Medicine		
Additional Preceptorships Pediatrics		
Additional Preceptorships Pediatrics		
Additional Preceptorships Pediatrics		
Additional Preceptorships Pediatrics		
Additional Preceptorships Dentistry		
Additional Preceptorships Dentistry		
Type/Field		
Type/Field		
	\$ -	\$ -

Name of Program:

THC Program Specialty:

Time Period:

Residents Salaries and Benefits

Instructions:

Use actual numbers for your 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.

Year of Residency	FTE per resident	Average Annual Salary per FTE	Average Annual 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-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	\$ -	\$ -	\$ -

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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.

Admin Support Salaries	Cost			Residency Program Cost
	Total FTE	Total Salary	Total Benefits	
Provide Title and Role				\$ -
Provide Title and Role				\$ -
Provide Title and Role				\$ -
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 reported in other spreadsheets, 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
Education Costs:	
Resident Education Stipends	
Resident Required Training	
Simulation Center Costs	
Education Supplies	
Medical/Dental School or OPTI fees	
General Educational Allowance	
Inpatient Service Costs	
Licensing/Certification Fees:	
Licensing Examination Fees	
In-Service Examination Fees	
Board Certification Fees	
Board Preparation Costs	
Licensing Fees	
Program Fees and Costs:	
Accreditation Fees	
NRMP/Match Participation Fees	
Recruitment Costs	
Graduation Costs	
Faculty/Staff Development	
Travel	
Away Rotation Housing	
General Liability Insurance	
Malpractice Insurance	
Legal and Accounting	
Consortium Expenses (if applicable)	
Rent/Occupancy	
Supplies:	
Mobile Communications Devices	
IT Costs	
White Coats/Uniforms	
Printing and Postage	
Office Supplies	
Other:	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Total Other	\$ -
Total	\$ -
Overhead:	
Expense Type	
Expense Type	
Expense Type	
Expense Type	
Expense Type	
Total Overhead	\$ -

Include fees paid for any resident required training programs, such as ACLS/PALS etc.
 Include any costs associated with simulation exercises. 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
 Report any additional inpatient service payments. Do not include any precepting contracts reported in the "Precepting Contracts" spreadsheet.
 Include any fees paid for resident licensing exams, such as USMLE fees
 Include any fees paid for residents for Board certification exams or training
 Include any practice licensing fees paid for residents (not faculty: faculty licenses should be listed under ClinicOps row 18)
 Include per program annual assessments and per resident fees for use of any accreditation services
 Include any fees paid for participation in the NRMP, AOA, or other match programs
 Include any costs associated with recruitment, such as candidate travel, give-a-ways, meals, brochures, etc
 Include cost of graduation such as venue, food, entertainment, certificates, etc
 Include faculty development costs such as NIPPD, and staff development costs such as conferences, association dues, etc, STFM dues, etc.
 Include travel to educational courses and conferences, and any other travel that is paid for by the residency program, except "away rotation housing"
 Lodging costs paid by the residency program for away rotations
 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
 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
 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
 List any expenses not detailed above that are associated with the administration of the residency program. Also include the total for the academic year
 Report any central administrative overhead costs 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:

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 residency 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

Instructions:
 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.

Total Residency Square Footage **Additional Instructions**
 Please insert the square footage of the space allocated for the residency educational functions

		Total Amount
Education Costs:		
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 exercises. 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:		
Licensing Examination Fees		Include any fees paid for resident licensing exams, such as USMLE fees
In-Service Examination Fees		
Board Certification Fees		Include any fees paid for residents for Board certification exams or training
Board Preparation Costs		
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:		
Accreditation Fees		Include per program annual assessments and per resident fees for use of any accreditation services
NRMP/Match Participation Fees		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 cost of graduation such as venue, food, entertainment, certificates, etc
Faculty/Staff Development		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		Lodging costs paid by the residency program for away rotations
General Liability Insurance		Include any general liability insurance purchased for the residency program
Malpractice Insurance		Only include malpractice insurance if specifically paid for residents or faculty related to residency program activities
Legal and Accounting		Include all legal and accounting fees associated with the residency program
Consortium Expenses (if applicable)		If you have a consortium, include any expenses associated with that consortium that do not appear in any other worksheet
Rent/Occupancy		Report only rent or occupancy fees specifically charged to the residency program for residency program space
Supplies:		
Mobile Communications Devices		Include any pagers or cell phones purchased for residents or residency program staff
IT Costs		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/Uniforms		
Printing and Postage		
Office Supplies		
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 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	\$	-
Total	\$	-
Overhead:		
Expense Type		Report 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"
Expense Type		
Expense Type		
Expense Type		
Expense Type		
Total Overhead	\$	-

Name of Program:

THC Program Specialty:

Time Period:

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 Site	Inpatient Service (if applicable)
Administrative Personnel Salaries/Benefits		
Purchased Admin Services		
Office Supplies		
Recruitment		
Staff Development		
Travel		
IT Infrastructure		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Other Expense Type		
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

Name of Program:

THC Program Specialty:

Time Period:

Clinical Operations Expenses: Enter expenses matched to the total medical or dental visits, revenue, and clinic administration expenses reported for the resident continuity clinic site.

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 expenses reported in other spreadsheets. For example, do not include malpractice insurance or licensing fees reported in the residency admin expenses.

Additional Instructions:

Clinic Square Footage 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
Malpractice Insurance		Include any malpractice costs above and beyond FTCA coverage, if applicable. Please do not duplicate malpractice insurance expenses 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	\$ -	

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 The George Washington University
 Principal Investigator: Marsha Regenstein marshar@gwu.edu

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Residency Start-Up Expenses

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.

Start up Expenses	Total Amount	Additional Instructions
Personnel		
Program Director	\$ -	
Residency Program Coordinator	\$ -	
Other Expense Type		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Sub-total	\$ -	
Benefits		
Total	\$ -	
Contracts		
Legal		
Consultants		
Grantwriter		
Faculty hours		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Total Contracts	\$ -	
Non-Wage		
Accreditation Application Fee		
Faculty Recruitment		Include any additional faculty recruitment costs above prior provider recruitment costs required to start the residency program
Faculty Development		Include any initial faculty development costs prior to the start of the residency program
IT Costs		Include any initial IT infrastructure costs to support the new residency program. This may include hardware or software costs.
Office Supplies		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Total Non-Wage	\$ -	
TOTAL	\$ -	
Capital		
Capital Improvements		Include only those capital investments made specifically to support the residency program. For example, renovations for residency offices or teaching space.
Equipment		
Furnishings		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Total Capital	\$ -	