

Exhibit O(1): CHGME Assessment Summary

Assessment Summary								
Serial Number	Year End	Section	Line Number	Line Description	Hospital Reported	FI Reported	Increase/Decrease (FI Reported – Hospital Reported)	Workpaper Reference

Hospital Certification (to be completed by the authorizing official of the hospital)

Certification: I have reviewed the attached CHGME Intern & Resident FTE Assessment. The adjustments will be incorporated into our version of the HRSA 99-1 CHGME application.

Name: _____

Title: _____

Signature: _____

Date Signed: _____