Attachment 1

|  |  |
| --- | --- |
| **Reconciliation Report** |  |
| **DEPARTMENT OF HEALTH AND HUMAN SERVICESHealth Resources and Services AdministrationBUREAU OF HEALTH WORKFORCE** | **FOR HRSA USE ONLY** |  |
| **Institution:**  | **Program: Teaching Health Center Graduate Medical Education (THCGME) Payment Program** |  |
| **Submission Tracking Number:** | **Grant Number:** | **Reporting Period: 07/01/2016-6/30/2017** |  |
| **FTE Data for Academic Year 2016 - 2017** |  |
| **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** |  |  |  |  |  |