Attachment 1

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| **Reconciliation Report** | | | | | | | |  |
| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  BUREAU 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)** |
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| **Total** |  | |  | |  | |  |  |