

Attachment 1

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)	
Total						