

## Eligible Resident/Fellow FTE Chart and Instructions

Program Name: \_\_\_\_\_

NUMBER OF ELIGIBLE RESIDENT/FELLOW FTEs IN PROGRAM									
Academic Years	Funding Year	Number of Resident/Fellow FTEs					Total Number of FTEs in the Program	Total Number of HRSA-Approved THCGME FTEs	Total Number of New THCGME FTEs Requested with this NOFO Application
		PGY-1	PGY-2	PGY-3	PGY-4	PGY-5			
7/1/20xx-6/30/20xx									
7/1/20xx-6/30/20xx									
7/1/20xx-6/30/20xx									
7/1/20xx-6/30/20xx									
7/1/20xx-6/30/20xx	Year 1								
7/1/20xx-6/30/20xx	Year 2								
7/1/20xx-6/30/20xx	Year 3								
7/1/20xx-6/30/20xx	Year 4								
7/1/20xx-6/30/20xx	Year 5								

OMB 0915-0367

Expiration Date: 11/30/2022

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**Instructions for completing the THCGME Eligible Resident/Fellow FTE Chart:**

NUMBER OF ELIGIBLE RESIDENT/FELLOW FTEs IN PROGRAM								Total Number of New THCGME FTEs Requested with this NOFO Application	
Academic Years	Funding Year	Number of Resident/Fellowship FTEs					Total Number of FTEs in the Program		Total Number of HRSA-Approved THCGME FTEs
		PGY-1	PGY-2	PGY-3	PGY-4	PGY-5			
7/1/20xx-6/30/20xx									
7/1/20xx-6/30/20xx		A	A	A	A	A	C	D	E
7/1/20xx-6/30/20xx									
7/1/20xx-6/30/20xx	Year 1								
7/1/20xx-6/30/20xx	Year 2	B	B	B	B	B			
7/1/20xx-6/30/20xx	Year 3								
7/1/20xx-6/30/20xx	Year 4								
7/1/20xx-6/30/20xx	Year 5								

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A) In the columns labeled as “Number of Resident/Fellow FTEs,” list the number of PGY-1, PGY-2, PGY-3, PGY-4 and PGY-5 FTEs enrolled in the residency program during the indicated academic years. Also include the **number** of resident FTEs enrolled

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during **baseline** academic year. If the residency program is three years, input zeros (0) in the PGY-4 and PGY-5 column. If the residency program is a geriatric fellowship, input the fellowship FTE as PGY-4 or PGY-5. If applicable, include any THCGME-supported FTEs funded by HRSA during the indicated academic years.

- B) In the columns labeled as “Number of Resident/Fellow FTEs,” list the **number** of PGY-1, PGY-2, PGY-3, PGY-4 and PGY-5 FTEs you plan to train over the next five academic years. If the residency program is three years, input zeros (0) in the PGY-4 and PGY-5 column. If the residency program is a geriatric fellowship, input the fellowship FTE as PGY-4 or PGY-5. These columns should include any planned THCGME-supported FTEs during the indicated academic years.
- C) In the column labeled as “Total Number of FTEs in the Program” document the **total number** of resident FTEs that were enrolled, or that you plan to enroll, in the program during each of the listed academic years. This column should be equal to the number listed in the “Number of Resident/Fellowship FTEs” PGY columns and should include resident/fellow FTEs supported by **all** funding sources.
- D) In the column labeled as “Total Number of HRSA-Approved THCGME FTEs,” document the **total number** of THCGME-supported resident/fellow FTEs that were enrolled in the program during each of the listed academic years. For example, if you are a program that does not receive THCGME funding this number should be “0.”
- E) In the column labeled as “Total Number of **New THCGME FTEs Requested with this NOFO Application,**” document the total number of new requested THCGME-supported resident/fellow FTEs that you plan to enroll in the program during each of the listed academic years with this NOFO application.

**Please note that your projections do not guarantee funding.**

**Failure to provide sufficiently clear and documented evidence of FTEs may jeopardize or decrease GME funding.**

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