

**Graduate Medical Education (GME) Section**

**4122 FY 2026**

*Draft MEARIS™ Application screen shots*

Note: The application questions in this appendix are based on CMS's proposed policy to implement the provisions of Section 4122 of the Consolidated Appropriations Act, 2023 as presented in the FY 2025 IPPS/LTCH PPS proposed rule. These collection questions are subject to change/revision when the final policies are adopted after consideration of public comments. The application questions for this collection will be updated, as necessary, as soon as possible after the rule is finalized.

# Welcome page



## Welcome to the Graduate Medical Education (GME) Section 4122 Application for Fiscal Year 2026

### Important Information



The application period for GME full-time equivalent positions awarded in FY 2026 ends on March 31, 2025.



Positions awarded under section 4122 for FY 2026 will be effective July 1, 2026.



You will need information for the residency program for which your applying, including:

- Contact information
- Hospital CMS Certification Number (CCN)
- The Accreditation Council for Graduate Medical Education (ACGME) accreditation number
- Worksheet E, Part A and Worksheet E-4 of the most recent as-filed cost report (CMS-2552-10)



All fields are required unless marked as optional.



The application saves automatically when you click 'Next' so you can continue where you left off. However, once submitted, the application cannot be changed.



Eligibility criteria and other information on section 4122 of the Consolidated Appropriations Act may be found at: [Direct Graduate Medical Education \(DGME\) Website](#)



#### PRA Disclosure Statement ▲

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#### CMS Disclosure

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Ready to get started?

Go

Cancel

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## Provide your hospital information.

Hospital name

**i** Each hospital (CCN) is limited to submitting one application.

CMS Certification Number (CCN)

Classification (Urban or Rural)

This field will auto-populate if CCN is found

Mailing address line 1

Mailing address line 2 (optional)

City

State



ZIP code

Identify the county and 5-digit core-based statistical area (CBSA)

**Note:** The applicant hospital's physical CBSA, rather than reclassified CBSA, if applicable, should be entered.

County or County Equivalent

5-digit Physical CBSA

Medicare Administrative Contractor (MAC)

Next

## Who is the primary contact?

Salutation title (optional)  First name  Middle name (optional)  Last name

Organization  Occupation/Job Title

US Phone Number  Extension (optional)

Email address  Country

Mailing address line 1

Mailing address line 2 (optional)

City  State   Zip code

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## Who is the secondary contact?

Salutation title (optional)	First name	Middle name (optional)	Last name
Organization	Occupation/Job Title		
US Phone Number	Extension (optional)		
Email address	United States ▼		
Mailing address line 1			
Mailing address line 2 (optional)			
City	State	▼	Zip code

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# DLC Info

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## Select a Demonstrated Likelihood Criterion (DLC) that best describes this application.

The applicant hospital must provide information to demonstrate the likelihood of filling requested slots under section 4122 within the first five training years beginning on or after July 1, 2026. Select the DLC you are using for your application. For section 4122 the training of residents in the new program or program expansion cannot have occurred prior to July 1, 2026. Please refer to the frequently asked questions document located on the [DGME webpage](#) for more information on filling out the DLC portions of the application.

Demonstrated Likelihood Criterion 1 (DLC 1)

Establishing a New Residency Program

The hospital does not have sufficient room under its FTE resident cap, is not a rural hospital eligible for an increase to its cap under 42 CFR 413.79(e)(3) (or any successor regulation), and intends to use the additional FTEs as part of a new residency program that it intends to establish on or after July 1, 2026.

**Note:** A "new" residency program that is currently part of a hospital's five-year cap-building period to establish or adjust its cap, cannot be used for a hospital's DLC 1 section 4122 application.

Demonstrated Likelihood Criterion 2 (DLC 2)

Expanding an Existing Residency Program

The hospital does not have sufficient room under its FTE resident cap, and the hospital intends to use the additional FTEs to expand an existing residency training program beginning on or after July 1, 2026.

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# DLC 1 Flow

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## DLC 1

Your application indicates you are applying for a program under Demonstrated Likelihood Criterion (DLC) 1 (New Residency Program). Please refer to the Frequently Asked Questions at the following link: [Frequently Asked Questions on Section 4122 of the Consolidated Appropriations Act \(CAA\), 2023 \(DGME webpage\)](#) for more information on DLC 1.

Under Demonstrated Likelihood Criterion 1 (New Residency Program), the applicant hospital does not have sufficient room under its FTE resident cap, is not a rural hospital eligible for an increase to its cap under 42 CFR 413.79(e)(3) (or any successor regulation), and intends to use the additional FTEs as part of a new residency program that it intends to establish on or after July 1, 2026. Training residents in the new program cannot begin prior to July 1, 2026. Specifically, if a hospital received accreditation from the ACGME effective July 1, 2025 to train 5 FTE residents in a new residency training program, it must first begin training any of those 5 FTE residents on or after July 1, 2026 to be eligible to receive FTE resident cap slots under section 4122. If the hospital began training residents in the new program any time prior to July 1, 2026, it is not eligible for additional FTE resident cap slots under section 4122.

Therefore, please confirm that FTE residents did not/will not begin training in the new program at the applicant hospital or any nonprovider setting for which the applicant hospital is paying the residents' salaries and fringe benefits prior to July 1, 2026.

I confirm that FTE residents did not/will not begin training in the new program at the applicant hospital or any nonprovider setting for which the applicant hospital is paying the residents' salaries and fringe benefits prior to July 1, 2026.

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## Provide information to support your DLC 1 selection.

Check any applicable statement.

Application for accreditation of the new residency program has been submitted to the ACGME (or application for approval of the new residency program has been submitted to the American Board of Medical Specialties (ABMS)) by March 31, 2025.

The hospital has received written correspondence from the ACGME (or ABMS) acknowledging receipt of the application for the new residency program, or other types of communication concerning the new program accreditation or approval process (such as notification of site visit) by March 31, 2025.

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## DLC 2 Flow

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### DLC 2

Your application indicates you are applying for a program under Demonstrated Likelihood Criterion (DLC) 2 (Expansion of an Existing Residency Program). Please refer to the Frequently Asked Questions at the following link: Frequently Asked Questions on Section 4122 of the Consolidated Appropriations Act (CAA), 2023 ([DGME webpage](#)) for more information on DLC 2.

Under Demonstrated Likelihood Criterion 2 (Expansion of an Existing Residency Program), the hospital does not have sufficient room under its FTE resident cap, and the hospital intends to use the additional FTEs to expand an existing residency training program on or after July 1, 2026. The hospital cannot begin training residents as a result of the program expansion prior to July 1, 2026. Specifically, if a hospital received approval from the ACGME to expand the number of FTE residents in the program by 5 effective July 1, 2025, it must first begin training additional FTE residents as a result of this expansion on or after July 1, 2026 to be eligible to receive FTE resident cap slots under section 4122. If the hospital began the program expansion any time prior to July 1, 2026, it is not eligible for additional FTE resident cap slots under section 4122.

Therefore, please confirm that the program expansion did not/will not occur at the applicant hospital or any nonprovider setting for which the applicant hospital is paying the residents' salaries and fringe benefits prior to July 1, 2026.

I confirm that the program expansion did not/will not occur at the applicant hospital or any nonprovider setting for which the applicant hospital is paying the residents' salaries and fringe benefits prior to July 1, 2026.

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## Provide information to support your DLC 2 selection.

Check any applicable statement.

The hospital has received approval by March 31, 2025 from an appropriate accrediting body (the ACGME or ABMS) to expand the number of FTE residents in the program.

The hospital has submitted a request for a permanent complement increase of the existing residency program by March 31, 2025.

The hospital currently has unfilled positions in its residency program that have previously been approved by the ACGME, and is now seeking to fill those positions.

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# Application

## Info Yes

## response

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### What can you tell us about this application?

What is the name of the residency program for which you are applying?

Name of the program

Is the residency program for which you are applying a psychiatry program or a subspecialty of psychiatry?

Yes

No

Does this residency program have an ACGME accreditation number?

Yes

No

Enter ACGME accreditation number below.

ACGME accreditation number

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# No response

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## What can you tell us about this application?

What is the name of the residency program for which you are applying?

Name of the program

Is the residency program for which you are applying a psychiatry program or a subspecialty of psychiatry?

Yes

No

Does this residency program have an ACGME accreditation number?

Yes

No

Explain why your program does not have an ACGME accreditation number.

Provide response

0/3000

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# Yes response

Event Info    CAC 1-Info    **Application Info**    Eligibility    Supporting Documents    Identifiers    Summary

## What can you tell us about this program?

Will you be able to provide the total number of months or weeks residents spend training at the applicant hospital for all program years as well as the total number of months or weeks among all participating sites for all program years?

Yes     No

Enter the total amount of time residents spend training at the applicant hospital: XX months out of XX total program months (or weeks if the program is based on blocks rather than months).

**Note:** Please only include allowable FTE training time. For example, do not include any time spent training at another provider, including other hospitals with a different CCN and skilled nursing facilities. If you are a hospital paid under the Inpatient Prospective Payment System, please do not include in the hospital's IME training time, any time spent training in a psychiatric or rehabilitation distinct part unit at your hospital and any time spent in research that is not associated with the treatment or diagnosis of a particular patient.

Is the program training time based on weeks or months?

**Note:** If the program is organized in blocks, please use weeks for the subsequent fields below.

Months     Weeks

Use the following week to month conversions as necessary: 1 week = 0.25 months, 2 weeks = 0.50 months, 3 weeks = 0.75 months, 4 weeks = 1 month, 5 weeks = 1.25 months and 6 weeks = 1.50 months.

Please include the total number of months or weeks residents train at the applicant hospital. Do not include training time of other participating sites.

**Note:** If you are not requesting DGME or IME FTE cap slots, please place a 0 in the respective field.

Total time residents train at the applicant hospital (DGME)  Months

Total time residents train at the applicant hospital (IME)  Months

If any of the other participating sites included on the program's ACGME webpage are nonprovider settings for which the applicant hospital is paying the residents' salaries and fringe benefits, please include the total time residents train at the nonprovider settings (number of weeks if the program is based on blocks rather than months). Please include training time consistent with the IME regulations at 42 CFR 412.105(f)(1)(i)(E) and the DGME regulations at 42 CFR 413.78(g).

**Note:** If there are no nonprovider settings for which the applicant hospital is paying the residents' salaries and fringe benefits, please place a zero in the respective field.

Total time residents train at the nonprovider setting (DGME)  Months

Total time residents train at the nonprovider setting (IME)  Months

Please include the total number of months or weeks among all participating sites.

Total program time  Months

Enter the number of DGME and/or IME FTE slots requested. A hospital is limited to a total request of 10.00 FTEs each for DGME and IME if applicable.

**Note:** If the applicant hospital is training below its DGME and/or IME FTE resident cap(s), that FTE amount will be subtracted by CMS from the allowable FTE amount. Please do not perform this step yourself.

Direct GME slots     IME (Indirect Medical Education) slots

# No response

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## What can you tell us about this program?

Will you be able to provide the total number of months or weeks residents spend training at the applicant hospital for all program years as well as the total number of months or weeks among all participating sites for all program years?

Yes

No

Explain why your program does not have rotation schedule information.

Provide response

0/3000

Enter the number of DGME and/or IME FTE slots requested. A hospital is limited to a total request of 10.00 FTEs each for DGME and IME if applicable.

**Note:** If the applicant hospital is training below its DGME and/or IME FTE resident cap(s), that FTE amount will be subtracted by CMS from the allowable FTE amount. Please do not perform this step yourself.

Direct GME slots

IME (Indirect Medical Education) slots

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# Weeks response

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## What can you tell us about this program?

Will you be able to provide the total number of months or weeks residents spend training at the applicant hospital for all program years as well as the total number of months or weeks among all participating sites for all program years?

Yes     No

Enter the total amount of time residents spend training at the applicant hospital: XX months out of XX total program months (or weeks if the program is based on blocks rather than months).

**Note:** Please only include allowable FTE training time. For example, do not include any time spent training at another provider, including other hospitals with a different CCN and skilled nursing facilities. If you are a hospital paid under the inpatient Prospective Payment System, please do not include in the hospital's IME training time, any time spent training in a psychiatric or rehabilitation distinct part unit at your hospital and any time spent in research that is not associated with the treatment or diagnosis of a particular patient.

Is the program training time based on weeks or months?

**Note:** If the program is organized in blocks, please use weeks for the subsequent fields below.

Months     Weeks

Use the following week to month conversions as necessary: 1 week = 0.25 months, 2 weeks = 0.50 months, 3 weeks = 0.75 months, 4 weeks = 1 month, 5 weeks = 1.25 months and 6 weeks = 1.50 months.

Please include the total number of months or weeks residents train at the applicant hospital. Do not include training time at other participating sites.

**Note:** If you are not requesting DGME or IME FTE cap slots, please place a 0 in the respective field.

Total time residents train at the applicant hospital (DGME) \_\_\_\_\_ Weeks

Total time residents train at the applicant hospital (IME) \_\_\_\_\_ Weeks

If any of the other participating sites included on the program's ACGME webpage are nonprovider settings for which the applicant hospital is paying the residents' salaries and fringe benefits, please include the total time residents train at the nonprovider settings (number of weeks if the program is based on blocks rather than months). Please include training time consistent with the IME regulations at 42 CFR 412.905(f)(1)(i)(E) and the DGME regulations at 42 CFR 412.95(g).

**Note:** If there are no nonprovider settings for which the applicant hospital is paying the residents' salaries and fringe benefits, please place a zero in the respective field.

Total time residents train at the nonprovider setting (DGME) \_\_\_\_\_ Weeks

Total time residents train at the nonprovider setting (IME) \_\_\_\_\_ Weeks

Please include the total number of months or weeks among all participating sites.

Total program time \_\_\_\_\_ Weeks

Enter the number of DGME and/or IME FTE slots requested. A hospital is limited to a total request of 10.00 FTEs each for DGME and IME if applicable.

**Note:** If the applicant hospital is training below its DGME and/or IME FTE resident cap(s), that FTE amount will be subtracted by CMS from the allowable FTE amount. Please do not perform this step yourself.

Direct GME slots \_\_\_\_\_ IME (Indirect Medical Education) slots \_\_\_\_\_

# Eligibility

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## Which eligibility category or categories does your hospital meet?

Select all eligibility categories that apply to your hospital.

**Category One:** The hospital is located in a rural area (or treated as being located in a rural area under the law).  
The hospital is located in a rural area (as defined in section 1886(d)(2)(D) of the Social Security Act) or is treated as being located in a rural area pursuant to section 1886(d)(8)(E) of the Social Security Act.

**Category Two:** The hospital is currently training over its DGME and/or IME cap.  
The reference resident level of the hospital (as specified in section 1886(h)(10)(F)(iv) of the Social Security Act) is greater than the otherwise applicable resident limit.

**Category Three:** The hospital is located in a state with a new medical school or additional locations and branch campuses.

The hospital is located in a State with a new medical school (as specified in section 1886(h)(10)(B)(ii)(iii)(aa) of the Social Security Act), or with additional locations and branch campuses established by medical schools (as specified in section 1886(h)(10)(B)(ii)(iii)(bb) of the Social Security Act) on or after January 1, 2000. Those states and territory are: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Puerto Rico, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, and Wisconsin.

If a hospital is located in a state not listed here, but it believes the state in which it is located should be on this list, the hospital must provide documentation with submission of its application to CMS that the state in which it is located has a medical school or additional location or branch campus of a medical school established on or after January 1, 2000.

**Category Four:** The hospital is serving an area designated as a geographic Health Professional Shortage Area (HPSA).  
The hospital serves an area designated as a health professional shortage area (HPSA) under section 332(a)(1)(A) of the Public Health Service Act, as determined by the Secretary. A hospital applying under Category Four must participate in training residents in a program where the residents rotate for at least 50 percent of their training time to scheduled training sites physically located in a geographic HPSA.

For more information about your hospital's HPSA, please consult the search tool: [Find Shortage Area by Address Tool](#).  
Using this HPSA Find Tool for Category Four, applicants may enter the address of a scheduled training site, in the situation the hospital and location chosen participates in training residents in a program where at least 50 percent of the training time occurs in the geographic HPSA.

In reviewing these applications, at least 100 but not more than 200 slots will be distributed to hospitals applying for residency programs in psychiatry and psychiatry subspecialties that qualify under any of the eligibility categories one through four. If any residency slots remain after distributing up to 1.00 FTE to each qualifying hospital, we will prioritize the distribution of the remaining slots based on the HPSA score of the HPSA served by the residency program for which each hospital is applying. The next page of this application will ask for information about the HPSA you are selecting for CMS to use for the prioritization of your application.

More information on the HPSA requirements for this application may be found at the [DGME webpage](#).

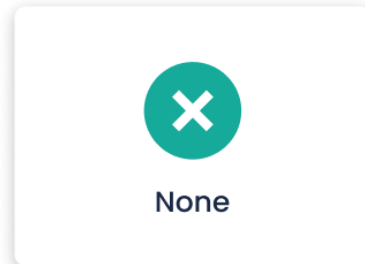
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## Which HPSA is the hospital requesting that CMS use for prioritization of its application?

Note: The information on this screen and subsequent screens related to HPSAs is collected in the event that the HPSA prioritization criteria for 4122 are used as part the application process.



Hospitals should refer to HRSA's [Find Shortage Area by Address Tool](#) to obtain the HPSA information to be used for its application. Using the HPSA Find Tool, applicants may enter the address of a scheduled training site, in the situation the hospital and location chosen participates in training residents in a program where at least 50 percent (5 percent if an Indian or Tribal Facility is included) of the training time occurs in the HPSA.

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## Geographic HPSA with Population HPSA for prioritization

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### Which HPSA is the hospital requesting that CMS use for prioritization of its application?

Note: The information on this screen and subsequent screens related to HPSAs is collected in the event that the HPSA prioritization criteria for 4122 are used as part the application process.

**Confirm your selection** ✕

You previously selected Category Four indicating the hospital is serving an area designated as a geographic Health Professional Shortage Area (HPSA). Are you sure you want to continue with the selection that the hospital is serving a population HPSA for purposes of prioritization?

**Confirm**

Cancel

Hospitals s...  
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# Population HPSA

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## Population HPSA type

Which of the following statements describes the HPSA chosen for this application?

- In the population HPSA the hospital is requesting that CMS use for prioritization of its application, at least 50 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the designated underserved population of the HPSA and are physically located in the HPSA.
- In the population HPSA the hospital is requesting that CMS use for prioritization of its application, at least 5 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the designated underserved population of the HPSA and are physically located in the HPSA, and the program's training time at those sites plus the program's training time at Indian or Tribal facilities located outside of that HPSA is at least 50 percent of the program's training time.
- The hospital does not meet either of the two criteria above.

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## Provide population HPSA information.

A Hospital should refer to HRSA's [Find Shortage Area by Address Tool](#) to obtain the HPSA information to be used for its application. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

Each year, prior to the beginning of the application period, MEARIS™ is updated to only include HPSA public ID and score information current as of November. Additional information, to include the HPSA public ID and score information used for the current year of applications, can be found on the [DGME web page](#).

Information on the population HPSA where at least 50 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the designated underserved population of the HPSA and are physically located in the HPSA.

HPSA public ID

HPSA score

This field will auto-populate based on HPSA ID

HPSA discipline

Population HPSA type

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

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## Population HPSA type

Which of the following statements describes the HPSA chosen for this application?

In the population HPSA the hospital is requesting that CMS use for prioritization of its application, at least 50 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the designated underserved population of the HPSA and are physically located in the HPSA.

In the population HPSA the hospital is requesting that CMS use for prioritization of its application, at least 5 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the designated underserved population of the HPSA and are physically located in the HPSA, and the program's training time at those sites plus the program's training time at Indian or Tribal facilities located outside of that HPSA is at least 50 percent of the program's training time.

The hospital does not meet either of the two criteria above.

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## Provide population HPSA information.

A Hospital should refer to HRSA's [Find Shortage Area by Address Tool](#) to obtain the HPSA information to be used for its application. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

Each year, prior to the beginning of the application period, MEARIS™ is updated to only include HPSA public ID and score information current as of November. Additional information, to include the HPSA public ID and score information used for the current year of applications, can be found on the [DGME web page](#).

Information on the population HPSA where at least 5 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the designated underserved population of the HPSA and are physically located in the HPSA, and the program's training time at those sites plus the program's training time at Indian or Tribal facilities located outside of that HPSA is at least 50 percent of the program's training time.

HPSA public ID

HPSA score

This field will auto-populate based on HPSA ID

HPSA discipline

Population HPSA type

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

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## Population HPSA type

Which of the following statements describes the HPSA chosen for this application?

- In the population HPSA the hospital is requesting that CMS use for prioritization of its application, at least 50 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the designated underserved population of the HPSA and are physically located in the HPSA.
- In the population HPSA the hospital is requesting that CMS use for prioritization of its application, at least 5 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the designated underserved population of the HPSA and are physically located in the HPSA, and the program's training time at those sites plus the program's training time at Indian or Tribal facilities located outside of that HPSA is at least 50 percent of the program's training time.
- The hospital does not meet either of the two criteria above.

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## Provide population HPSA information.

A Hospital should refer to HRSA's [Find Shortage Area by Address Tool](#) to obtain the HPSA information to be used for its application. Using the Find Shortage Areas by Address Tool, applicants may enter the address of a scheduled training site, in the situation the hospital and location chosen participates in training residents in a program where at least 50 percent (5 percent if an Indian and Tribal Facility is included) of the training time occurs in the HPSA. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

Each year, prior to the beginning of the application period, MEARIS™ is updated to only include HPSA public ID and score information current as of November. Additional information, to include the HPSA public ID and score information used for the current year of applications, can be found on the [DGME web page](#).

Please confirm that this hospital does not meet either of the 50 percent training time criteria described on the previous screen.

HPSA public ID

HPSA score

This field will auto-populate based on HPSA ID

HPSA discipline

Population HPSA type

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

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# Geographic HPSA

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## Which HPSA is the hospital requesting that CMS use for prioritization of its application?

Note: The information on this screen and subsequent screens related to HPSAs is collected in the event that the HPSA prioritization criteria for 4122 are used as part the application process.



Population HPSA



Geographic HPSA



None

Hospitals should refer to HRSA's [Find Shortage Area by Address Tool](#) to obtain the HPSA information to be used for its application. Using the HPSA Find Tool, applicants may enter the address of a scheduled training site, in the situation the hospital and location chosen participates in training residents in a program where at least 50 percent (5 percent if an Indian or Tribal Facility is included) of the training time occurs in the HPSA.

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## Geographic HPSA type

Which of the following statements describes the HPSA chosen for this application?



In the geographic HPSA the hospital is requesting that CMS use for prioritization of its application, at least 50 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the population of the HPSA and are physically located in the HPSA.



In the geographic HPSA the hospital is requesting that CMS use for prioritization of its application, at least 5 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the population of the HPSA and are physically located in the HPSA, and the program's training time at those sites plus the program's training time at Indian or Tribal facilities located outside of the HPSA is at least 50 percent of the program's training time.



The hospital does not meet either of the two criteria above.

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## Provide geographic HPSA information.

A Hospital should refer to HRSA's [Find Shortage Area by Address Tool](#) to obtain the HPSA information to be used for its application. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

Each year, prior to the beginning of the application period, MEARIS™ is updated to only include HPSA public ID and score information current as of November. Additional information, to include the HPSA public ID and score information used for the current year of applications, can be found on the [DGME web page](#).

Information on the geographic HPSA where at least 50 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the population of the HPSA and are physically located in the HPSA.

HPSA public ID

HPSA score

This field will auto-populate based on HPSA ID

HPSA discipline

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

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## Geographic HPSA type

Which of the following statements describes the HPSA chosen for this application?

- In the geographic HPSA the hospital is requesting that CMS use for prioritization of its application, at least 50 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the population of the HPSA and are physically located in the HPSA.
- In the geographic HPSA the hospital is requesting that CMS use for prioritization of its application, at least 5 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the population of the HPSA and are physically located in the HPSA, and the program's training time at those sites plus the program's training time at Indian or Tribal facilities located outside of the HPSA is at least 50 percent of the program's training time.
- The hospital does not meet either of the two criteria above.

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## Provide geographic HPSA information.

A Hospital should refer to HRSA's [Find Shortage Area by Address Tool](#) to obtain the HPSA information to be used for its application. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

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Information on the geographic HPSA where at least 5 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the population of the HPSA and are physically located in the HPSA, and the program's training time at those sites plus the program's training time at Indian or Tribal facilities located outside of the HPSA is at least 50 percent of the program's training time.

HPSA public ID

HPSA score

This field will auto-populate based on HPSA ID

HPSA discipline

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

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## Geographic HPSA type

Which of the following statements describes the HPSA chosen for this application?

- In the geographic HPSA the hospital is requesting that CMS use for prioritization of its application, at least 50 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the population of the HPSA and are physically located in the HPSA.
- In the geographic HPSA the hospital is requesting that CMS use for prioritization of its application, at least 5 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the population of the HPSA and are physically located in the HPSA, and the program's training time at those sites plus the program's training time at Indian or Tribal facilities located outside of the HPSA is at least 50 percent of the program's training time.
- The hospital does not meet either of the two criteria above.

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## Provide geographic HPSA information.

A Hospital should refer to HRSA's [Find Shortage Area by Address Tool](#) to obtain the HPSA information to be used for its application. Using the Find Shortage Areas by Address Tool, applicants may enter the address of a scheduled training site, in the situation the hospital and location chosen participates in training residents in a program where at least 50 percent (5 percent if an Indian and Tribal Facility is included) of the training time occurs in the HPSA. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

Each year, prior to the beginning of the application period, MEARIS™ is updated to only include HPSA public ID and score information current as of November. Additional information, to include the HPSA public ID and score information used for the current year of applications, can be found on the [DGME web page](#).

Please confirm that this hospital does not meet either of the 50 percent training time criteria described on the previous screen.

HPSA public ID

HPSA score

This field will auto-populate based on HPSA ID

HPSA discipline

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

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# None

{{Team Name}} | Graduate Medical Education (GME) Section 4122 | FY 2026

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## Which HPSA is the hospital requesting that CMS use for prioritization of its application?

Note: The information on this screen and subsequent screens related to HPSAs is collected in the event that the HPSA prioritization criteria for 4122 are used as part the application process.



Population HPSA



Geographic HPSA



None

Hospitals should refer to HRSA's [Find Shortage Area by Address Tool](#) to obtain the HPSA information to be used for its application. Using the HPSA Find Tool, applicants may enter the address of a scheduled training site, in the situation the hospital and location chosen participates in training residents in a program where at least 50 percent (5 percent if an Indian or Tribal Facility is included) of the training time occurs in the HPSA.

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## Upload cost report worksheets and any additional attachments.

Worksheet E, Part A and Worksheet E-4 of the most recent as-filed cost report (CMS-2552-10) are required.

You may also provide any additional documents to support your application.

### Uploaded Files

Use the button below to browse files on your local disk and select to upload.

Supported formats include PDF, word, excel, powerpoint, JPEG, PNG, and plain text files.

Drag and drop files to upload or

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## Provide a signed and dated copy of the attestation document

### Step 1

Please download the following attestation. It must be signed and dated by an officer or administrator of the hospital who signs the hospital's Medicare cost report.

[Attestation for Use of GME Positions Distributed Under Section 4122 .pdf](#)

### Step 2

Upload a signed (digital or scanned) and dated copy of the above attestation for section 4122 of the Consolidated Appropriations Act.

#### Uploaded File

Use the button below to browse files on your local disk and select to upload.

Supported formats include PDF, JPEG, and PNG

Drag and drop file to upload or

Browse Files

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