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 No: 0915-0367 **Expiration Date:** XX/XX/20XX

Public Burden Statement: *The purpose of this information collection is to obtain performance data for the following: HRSA program participants, programs and applications. In addition, these data will facilitate the ability to demonstrate alignment between BHW Programs and the THCGME Program Eligible Resident/Fellow FTE Chart. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0367 and it is valid until xx/xx/xxxx. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857*

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

NUMBER OF ELIGIBLE RESIDENT/FELLOW FTEs IN PROGRAM									
Academic Years	**Funding Year**	**Number of Resident/Fellowship 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		A	A	A	A	A	C	D	E
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	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								

OMB 0915-0367 Expiration Date: XX/XX/20XX

Public Burden Statement: *The purpose of this information collection is to obtain performance data for the following: HRSA program participants, programs and applications. In addition, these data will facilitate the ability to demonstrate alignment between BHW Programs and the THCGME Program Eligible Resident/Fellow FTE Chart. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0367 and it is valid until xx/xx/xxxx. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857*

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 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."

Public Burden Statement: *The purpose of this information collection is to obtain performance data for the following: HRSA program participants, programs and applications. In addition, these data will facilitate the ability to demonstrate alignment between BHW Programs and the THCGME Program Eligible Resident/Fellow FTE Chart. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0367 and it is valid until xx/xx/xxxx. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857*

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.

Public Burden Statement: *The purpose of this information collection is to obtain performance data for the following: HRSA program participants, programs and applications. In addition, these data will facilitate the ability to demonstrate alignment between BHW Programs and the THCGME Program Eligible Resident/Fellow FTE Chart. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0367 and it is valid until xx/xx/xxxx. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857*