Instructions: Complete responses to all questions and attach additional documentation requested throughout the application, as applicable.

Sponsoring Department: Click or tap here to enter text.

☐ **Attach a letter of support from the Department Leadership**

Type of Program: ☐ **Residency** ☐ **Fellowship**

Hiring Entity: ☐ **JHHS entity** ☐ **JHU School of Medicine**

Primary Location: ☐ **JHH** ☐ **JHBMC** ☐ **JHHCMC** ☐ **SMH** ☐ **SH**

Name of Training Program: Click or tap here to enter text.

Program Director Name: Click or tap here to enter text. **Email:** Click or tap here to enter text.
☐ Attach a copy of the Program Director's CV

Program Coordinator Name (if applicable): Click or tap here to enter text. **Email:** Click or tap here to enter text.

Anticipated Start Date: Click or tap here to enter text.
Length of Program (months): Click or tap here to enter text. **Total number of trainees each year:** Click or tap here to enter text.

Describe the rationale for the creation of this program.

Click or tap here to enter text.

The program must ensure the availability of adequate resources, such as personnel, clinical activities, space and equipment for training.

Please address how the program is structured to optimize training.

Click or tap here to enter text.

Primary Clinical Experience Location: Click or tap here to enter text.

Other Clinical Experience Locations: An Affiliation Agreement (AA) is required for locations outside of John Hopkins Medicine and must be attached to the appendix of this application. Please contact the GCE Office at GCEOffice@jh.edu if you require the agreement template.

Location(s)	AA Attached	N/A
Click or tap here to enter text.	☐	☐
Click or tap here to enter text.	☐	☐
Click or tap here to enter text.	☐	☐

Program Preceptors/Faculty: Please list below the people who will serve as your core preceptors and faculty.

Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.

Trainee Eligibility Criteria: Describe the prerequisite education and training required to be eligible for acceptance into this program.

Click or tap here to enter text.

Clinical Education/Training Program:

Are there national accreditation standards for this program? ☐ Yes ☐ No

If yes, please attach as an appendix or provide the URL.

Will this program seek accreditation? ☐ Yes ☐ No

If yes, estimated date: _____

Curriculum: Please provide the overall goals of the curriculum and a brief description of required educational and elective experiences, didactic sessions and projects.

Click or tap here to enter text.

Evaluations and Assessments: Describe the process and frequency for evaluations and assessments of your trainees. Evaluation is evaluating a trainee's achievements by comparing the trainee against the goals and objectives of the experience and the program. Summative evaluations and assessments are utilized to make decisions about promotion to the next level of education or program completion.

Click or tap here to enter text.

Describe your program's approach to supporting trainee well-being, including the resources and opportunities available to trainees.

Click or tap here to enter text.

Describe how your program informs trainees about the processes and confidential reporting mechanisms for concerns related to inappropriate behavior, misconduct, intimidation, or retaliation.

Click or tap here to enter text.

☐ **Attestation:** I acknowledge that I have reviewed the Graduate Clinical Education (GCE) Common Program Requirements and attest that this program will comply with all applicable requirements.

_____

Signature, Program Director Date

******Please combine all documents into one PDF file and return to GCEOffice@jhmi.edu ******