



JOHNS HOPKINS

M E D I C I N E

GRADUATE MEDICAL  
EDUCATION COMMITTEE

## Proposal for Acceptance of Resident or Clinical Fellow Funded by “Other Sources” \*\*

\*“Other sources” refers to financial support (salary, benefits, and administrative costs) for participants in residency or clinical fellowship training programs sponsored by the Johns Hopkins University School of Medicine from agencies other than the hospitals or other health care organizations or U.S. government agencies that typically sponsor graduate medical education in the United States. Those other sources could include (among others) governments or other agencies outside the United States, industry, alumni, the families of trainees or trainees themselves.

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

Name of program director \_\_\_\_\_

Is this an existing ACGME-accredited program? Yes \_\_\_\_ No \_\_\_\_

If so, what is the current approved complement? \_\_\_\_\_ Will accepting this trainee require a request to the ACGME for a complement increase? Yes \_\_\_\_ No \_\_\_\_

If so, does your proposal meet ACGME eligibility requirements for your specialty (see Section III.A. of your program requirements). Yes \_\_\_\_ No \_\_\_\_

Is your program an existing ACGME-equivalent program? Yes \_\_\_\_ No \_\_\_\_

Are you proposing new program? Yes \_\_\_\_ No \_\_\_\_

In what specialty/subspecialty? \_\_\_\_\_

What is the source of the external funding, including name of country? \_\_\_\_\_

\_\_\_\_\_

How long will the training last? \_\_\_\_\_

Will the trainee require a visa? Yes \_\_\_\_ No \_\_\_\_

If so, what type of visa will he/she require? \_\_\_\_\_

Has the trainee completed USMLE Step 1 \_\_\_\_\_ Step 2 \_\_\_\_\_

Does this funding arrangement include administration costs, in addition to the salary and benefit cost? Yes \_\_\_\_ No \_\_\_\_ If so, please provide the amount.

Will this funding arrangement apply to additional trainees, beyond this one? Yes \_\_\_\_ No \_\_\_\_

If so, Explain:

What was the process used to select the resident(s)/fellow(s)?

For what reason(s) are you proposing acceptance of a resident/fellow funded by “other sources”?

How will residents/fellows in related ACGME-accredited programs be affected by the resident(s)/fellow(s) funded by “other sources?”

How will access to patients, faculty, procedures, or other resources for your current residents or fellows be affected by the addition of a resident/fellow funded by “other sources?”

Do you understand that health insurance for the trainee must be provided through the Student Health Plan (SHP) and that dental, life, and disability insurance must also be provided in accordance with School of Medicine policies? Yes \_\_\_\_ No \_\_\_\_

At the completion of the training, will the trainee funded by “other sources” be eligible for Board Certification? Yes \_\_\_\_ No \_\_\_\_

*Please forward the completed form, along with the proposed resident/fellow’s application materials, to the Graduate Medical Education Office at [GMEOffice@jhmi.edu](mailto:GMEOffice@jhmi.edu).*

Approved by:

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Jessica L. Bienstock, M.D., M.P.H.  
Associate Dean for Graduate Medical Education

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Date