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Washington, DC 20001
www.nrmp.org Email: support@nrmp.org
Toll-Free: (866) 653-NRMP Phone: (202) 400-2233

New Institution and Program Form

Institution Information

*Institution Name: _____

*Institution Address: _____

*Main Institution Phone: _____

*Institution Website URL: _____

*Institution ACGME Code: _____

*DIO Name: _____

*DIO Date of Birth: _____

*DIO Email: _____

*DIO Phone: _____

Institutional Administrator Name: _____

*Institutional Administrator Date of Birth: _____

Institutional Administrator Email: _____

Institutional Administrator Phone: _____

Program Information

*Specialty: _____

*Program Address: _____

*Program ACGME Code: _____

*Quota (number of Positions to be filled in the Match): _____

*Type of position

Categorical – C: programs that begin in the PGY-1 year and provide the full training required for specialty board certification.

Preliminary – P: one-year programs that begin in the PGY-1 year and provide prerequisite training for advanced programs.

Advanced – A: programs that begin in the PGY-2 year after a year of prerequisite training.

Physician – R: programs that offer PGY-2 positions that begin in the year of the Match and are reserved for physicians who have had prior graduate medical education.

Primary – M: categorical programs in primary care medicine and primary care pediatrics that begin in the PGY-1 year and provide the full training required for specialty board certification.

Fellowship – F: training that begins subsequent to completion of a core residency training program.

*Osteopathic Recognition? Yes No

Osteopathic Recognition is conferred upon ACGME-accredited programs that provide training in Osteopathic Principles and Practices.

If Yes, do you want to create an Osteopathic program track? Yes No

NRMP is collecting data on the service(s) your program partners with to receive applications. This information will be displayed in the Program Directory for programs in the Main Residency Match. Please check all application services this program uses:

Electronic Residency Application Service (ERAS)

Residency Central Application (ACAPS or Plastic Surgery)

Other

*Program Director Name: _____

*Program Director Date of Birth: _____

*Program Director Email: _____

*Program Director Phone: _____

Program Coordinator Name: _____

*Program Coordinator Date of Birth: _____

Program Coordinator Email: _____

Program Coordinator Phone: _____

Program Website URL: _____

Institution Billing

*Billing Address: _____

*Billing Contact Name: _____

*Billing Contact Phone: _____

*Billing Contact Email: _____

* Required

Please email the completed form to support@nrmp.org. If you have questions, contact the NRMP Help Desk at 202-400-2233