New Program Form

Institution

*Institution Name: _____

*Institution Address: _____

_____

*DIO Name: _____

Program

*Specialty: _____

*ACGME Accreditation #: _____

*Program Address: _____

_____

*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.

*Number of Positions to be filled in the Match: _____

*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

Application Service Information

NRMP is collecting data on the service(s) your program partners with to receive applications. This information will be displayed in the Program Directory.

*Please check all application services this program is using:

Electronic Residency Application Service® (ERAS®)

ResidencyCAS (Obstetrics and Gynecology)

Central Application

Other – Please Specify: _____

For the Main Residency Match ONLY
*If your program will participate in the Supplemental Offer and Acceptance Program® (SOAP®) in the event it is unfilled, please check all application services this program is using for SOAP:

Electronic Residency Application Service (ERAS)

ResidencyCAS (Obstetrics and Gynecology)

Central Application Service (CAS)

Other – Please Specify: _____

Program Director

*Program Director Name: _____

*Program Director Date of Birth: _____

*Program Director Email: _____

*Program Phone: _____

Program Fax: _____

Program Website URL: _____

Program Coordinator

Program Coordinator Name: _____

*Program Coordinator Date of Birth: _____

Program Coordinator Email: _____

Program Coordinator Phone: _____

* Required

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