****

**Graduate Medical Education**

**Proposal for Deletion of a Training Site**

|  |  |
| --- | --- |
| Title of Program | Click here to enter text. |
| 10-digit ACGME Program ID # | Click here to enter text. |

1. Explain the reason for the site deletion.

|  |
| --- |
| Click here to enter text. |

2. What is the impact of the site deletion on the training program?

|  |
| --- |
| Click here to enter text. |

3. Does the site provide funding for residency positions?

|  |
| --- |
| Click here to enter text. |

|  |  |
| --- | --- |
| Name of Center | Click here to enter text. |
| Address | Click here to enter text. |
| Number of Residents that will be Assigned to this Site by PGY (e.g., 2-2-2) | Click here to enter text. |
| Name of Site Director | Click here to enter text. |
| List names of faculty who will precept trainees | Click here to enter text. |