

Document Lists by Accreditation and Recognition Status for Accreditation and Recognition Site Visits

Document lists appear as an attachment in the Site Visit Announcement letter, which also confirms the date of the site visit, name(s) of the assigned Accreditation Field Representative, and other details for the day. The documents in the list are different from those that are required to be updated and uploaded into the Accreditation Data System (ADS) prior to the site visit. The ACGME may update these lists at the discretion of the Department of Accreditation, Recognition, and Field Activities.

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Document List for Program Applications

Instructions: Send all documents listed below electronically to the assigned Accreditation Field Representative(s) (see the Site Visit Announcement letter). All documents must be de-identified of Protected Health Information and Personally Identifiable Information. The Accreditation Field Representative(s) will provide specific information regarding the means by which all documents should be sent. Additional documents may be requested at the discretion of the Accreditation Field Representative(s).

Didactic educational activities and conference schedules for each year of the educational program.

Didactic activities may include, but are not limited to, lectures, conferences, interdepartmental conferences, courses, labs, asynchronous learning, simulations, drills, case discussions, grand rounds, morbidity and mortality conferences, journal clubs, didactic teaching, and education in critical appraisal of medical evidence. (IV.A.4.)

Document List for Programs with Initial Accreditation

Instructions: Send all documents listed below electronically to the assigned Accreditation Field Representative(s) (see the Site Visit Announcement letter). All documents must be de-identified of Protected Health Information and Personally Identifiable Information. The Accreditation Field Representative(s) will provide specific information regarding the means by which all documents should be sent. Additional documents may be requested at the discretion of the Accreditation Field Representative(s).

1. Selected items from resident/fellow files:

- Completed final evaluation forms from program graduates in the last three years (of one to two residents/fellows from each of the past three years)
- Completed rotation evaluations by faculty members of the residents/fellows, and semiannual evaluations of current residents/fellows (of one to two residents/fellows in each year of the educational program)
- Completed multi-source evaluations of current residents/fellows (of one to two residents/fellows in each year of the educational program)
- Documentation of prior training for residents/fellows who have transferred into the program in the past three years
- Final documentation of education and training of residents/fellows who have resigned or been dismissed from the program in the past three years

[Review](#) the ACGME's expectations for content of resident/fellow files. The evaluations should be for specific residents/fellows and not blank templates. The evaluations may be from individual evaluators and/or in aggregated formats.

2. Conference schedule for the current academic year that includes dates, topics, and speakers

3. Sample of a completed annual confidential evaluation of a faculty member by residents/fellows.

Programs using an electronic evaluation system may provide a summary report for a faculty member (CPR V.B.1.). The evaluation should be for a specific faculty member and not a blank template. The evaluation may be from individual evaluators and/or in an aggregated format.

4. Program-specific (not institutional) policies (IR IV.1.2.) for supervision of residents/fellows (addressing progressive responsibilities for patient care and faculty member responsibility for supervision), including guidelines for circumstances and events that require residents/fellows to communicate with appropriate supervising faculty members (CPR VI.A.2.)

5. Sample of work hour report data demonstrating the program's work hour monitoring system (CPR VI.F.1.)

6. Sample documents demonstrating resident/fellow participation in patient safety and quality improvement activities (CPR VI.A.)

Document List for Programs with Continued Accreditation or Probationary Accreditation

Instructions: Send all documents listed below electronically to the assigned Accreditation Field Representative(s) (see Site Visit Announcement letter). All documents must be de-identified of Protected Health Information and Personally Identifiable Information. The Accreditation Field Representative(s) will provide specific information regarding the means by which all documents should be sent. Additional documents may be requested at the discretion of the Accreditation Field Representative(s).

1. Current, signed program letters of agreement (PLAs) for participating sites providing required rotations (CPR I.B.2.)
2. Selected items from resident/fellow files:
 - Completed final evaluation forms from program graduates in the last three years (of one to two residents/fellows from each of the past three years)
 - Completed rotation evaluations by faculty members of the residents/fellows, and semiannual evaluations of current residents/fellows (of one to two residents/fellows in each year of the educational program)
 - Completed multi-source evaluations of current residents/fellows (of one to two residents/fellow in each year of the educational program)
 - Documentation of prior education and training for residents/fellows who have transferred into the program in the past three years
 - Final documentation of education and training of residents/fellows who have resigned or been dismissed from the program in the past three years

[Review](#) the ACGME's expectations for content of resident/fellow files. The evaluations should be for specific residents/fellows and not blank templates. The evaluations may be from individual evaluators and/or in aggregated formats.

3. One example of competency-based goals and objectives for an educational experience designed to promote progress on a trajectory to autonomous practice (IV.A.2.)
4. Conference schedule for the current academic year that includes dates, topics, and speakers
5. Sample of a completed annual confidential evaluation of a faculty member by residents/fellows. Programs using an electronic evaluation system may provide a summary report of a faculty member. (CPR V.B.1.)
6. Program-specific (not institutional) policies (IR IV.I.2.) for supervision of residents/fellows (addressing progressive responsibilities for patient care and faculty member responsibility for supervision), including guidelines for circumstances and events that require residents/fellows to communicate with appropriate supervising faculty members (CPR VI.A.2.)
7. Sample of work hour report data demonstrating the program's work hour monitoring system (CPR VI.F.1.)
8. Sample documents demonstrating resident/fellow participation in patient safety and quality improvement activities (CPR VI.A.)

Document List for Programs with Osteopathic Recognition

Instructions: Send all documents listed below electronically to the assigned Accreditation Field Representative(s) (see Site Visit Announcement letter). All documents must be de-identified of Protected Health Information and Personally Identifiable Information. The Accreditation Field Representative(s) will provide specific information regarding the means by which all documents should be sent. Additional documents may be requested at the discretion of the Accreditation Field Representative(s).

1. Files of recent program graduates in designated osteopathic positions and current designated osteopathic residents/fellows
2. Eligibility policy that outlines the designated osteopathic resident/fellow eligibility criteria requirements for appointment
3. A sample of competency-based, educational level-specific goals and objectives pertaining to the osteopathic curriculum
4. Conference and hands-on didactics schedule, showing osteopathic didactics, for the current academic year
5. Osteopathic scholarly activity by designated osteopathic residents and osteopathic faculty members for the past two academic years; this should be organized by resident/faculty member
6. A sample completed annual confidential evaluation of osteopathic faculty members by designated osteopathic residents/fellows
7. A sample program evaluation completed by designated osteopathic residents/fellows

Document List for Institutional Review

Instructions: Send all documents listed below electronically to the assigned Accreditation Field Representative(s) (see Site Visit Announcement letter). All documents must be de-identified of Protected Health Information and Personally Identifiable Information. The Accreditation Field Representative(s) will provide specific information regarding the means by which all documents should be sent. Additional documents may be requested at the discretion of the Accreditation Field Representative(s).

1. Documentation that any participating sites that are hospitals maintain appropriate accreditation for provision of patient care (IR I.A.7., I.A.7.a), I.A.7.a).(1)-(2))
2. Written policies of the Sponsoring Institution that address:
 - Resident/fellow eligibility and selection (IR IV.A.1., IV.A.2., IV.A.2.a)-c), IV.A.2.c).(1)-(3))
 - Criteria for promotion and/or renewal of a resident's/fellow's appointment (IR IV.C.1.)
 - Due process in instances where actions of suspension, non-renewal, non-promotion, or dismissal are taken against a resident/fellow (IR IV.C.1.b))
 - Procedures for submitting and processing resident/fellow grievances (IR IV.D.)
 - Vacation and leaves of absence (IR IV.G.1.-2.)
 - Physician impairment (IR IV.H.2.)
 - Harassment (IR IV.H.3.)
 - Accommodations for disabilities (IR IV.H.4.)
 - Supervision of residents/fellows (IR IV.I.1.)
 - Clinical and educational work hours (*formerly called duty hours*) (IR IV.J.)
 - Moonlighting (IR IV.J.1., IV.J.1.a)-d))
 - Interactions with vendors (IR IV.K.)
 - Non-competition guarantees or restrictive covenants (IR IV.L.)
 - Disasters (IR IV.M., IV.M.1.)
 - Closures or reductions in size of ACGME-accredited programs, and closure of the Sponsoring Institution (IR IV.N., IV.N.1.-2.)
3. Sample(s) of the residents'/fellows' agreement(s) of appointment/contract, including any additional reference material (e.g., related policies or information from handbooks or manuals), annotated to indicate the following required 12 items (Institutional Requirements IV.B.2., IV.B.2.a)-l))
 - resident/fellow responsibilities
 - duration of appointment
 - financial support for residents/fellows
 - conditions for reappointment and promotion to a subsequent PGY level
 - grievance and due process
 - professional liability insurance, including a summary of pertinent information regarding coverage;
 - hospital and health insurance benefits for residents/fellows and their eligible dependents
 - disability insurance for residents/fellows
 - vacation, parental, sick, and other leave(s) for residents/fellows, compliant with applicable laws
 - timely notice of the effect of leave(s) on the ability of residents/fellows to satisfy requirements for program completion
 - information related to eligibility for specialty board examinations
 - institutional policies and procedures regarding resident/fellow clinical and educational workhours and moonlighting
4. Evidence that residents/fellows are provided with professional liability coverage (Institutional Requirements IV.E.1.-2.)