**Emergency Categorization Request Form**

**1 to 30 Days**

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| *Email this completed and signed form to* [*dio@acgme.org*](mailto:dio@acgme.org)*. The ACGME will contact the designated institutional official (DIO) with any questions and notify the DIO and institutional coordinator of the acknowledgement of Emergency categorization after the form is reviewed.* |

1. Sponsoring Institution Name

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1. ACGME 10-Digit ID

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1. DIO Name

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1. Requested Start Date for Emergency Category

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1. What is the requested term of the Sponsoring Institution’s Emergency categorization?

30 days  Less than 30 days (please specify) \_\_\_\_\_\_\_\_

1. The Sponsoring Institution may exempt programs from the Emergency Category only if those exempted programs have no participating sites in common with other programs subject to this categorization. List programs to be exempted and their participating sites. Add rows as needed.

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| --- | --- | --- |
| **Specialty/Subspecialty Program** | **ACGME ID** | **Participating Site(s)** |
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*By signing this form, the DIO:*

* *requests that the Sponsoring Institution and its ACGME-accredited program(s) be granted Emergency categorization;*
* *attests that this request for Emergency categorization has been approved by the clinical leadership of the primary clinical site(s) of the Sponsoring Institution’s accredited program(s);*
* *attests that all voting members of the Sponsoring Institution’s Graduate Medical Education Committee have been informed in writing of this request; and,*
* *attests that the Sponsoring Institution will ensure its compliance with ACGME Institutional Requirements, and will ensure that its ACGME-accredited programs are compliant with specified ACGME Common Program Requirements that protect residents/fellows, health care teams, and patients, as described on the ACGME website.*

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DIO Signature Date