**National Institute for Health Specialties**

 **Training Capacity Modification form**

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| 1. **GENERAL INFORMATION**
 |
| **A. Program and Sponsoring Institution Information** |
| Name of Program: | Click or tap here to enter text. |
| Name of Sponsoring Institution: | Click or tap here to enter text. |
| Start date: | Click or tap here to enter text. |
| Training years: | Click or tap here to enter text. |
| Number of resident positions: | Click or tap here to enter text. |
| Type of program: | [ ]  Residency[ ]  Fellowship |
| **B. Key Contacts** |
| *Program Director* |
| Title | Click or tap here to enter text. |
| Full Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| 1. **TRAINING CAPACITY MOIDFICATION**
 |
| 1. **Increment**
 | [ ]  |
| 1. **Decrement**
 | [ ]  |
| 1. **Current Training Capacity:**
 |
| Total No. of Residents | No. of Residency training years | No. of Residents per Year |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Requested Training Capacity:**
 |
| Total No. of Residents | No. of Residency training years | No. of Residents per Year |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Justification for the changes on training capacity:**
 |
| What is the justification for modifying the training capacity?Click or tap here to enter text. |
| 1. **CINICAL SERVICE INFORMATION**
 |
| Institution | Specialty Department | Number of general physicians | Number of specialist physicians | Number of consultant physicians | Number of beds | Number of inpatient admission/ month | Number of outpatient visits/month | Description / Additional Information |
| Institution # 1 |  |  |  |  |  |  |  |  |
| Institution # 2 |  |  |  |  |  |  |  |  |
| Institution # 3 |  |  |  |  |  |  |  |  |
| 1. **SUPPORTED DOCUMENTS**
 |
| List and attach all supportive documents for the application |
| Click or tap here to enter text. |
| 1. **SIGNATURE OF PROGRAM DIRECTOR AND DIO**
 |
| To be completed by the Program Director and DIO of entity applying for Training Capacity Modification Request |
| Program Director Signature | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |
| DIO Signature: |  |
| Date | Click or tap here to enter text. |