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**Application for Additional Program Participation in
Approved AIRE Innovation Pilot**

The process for approval of an additional program participating in an already-approved Advancing Innovations in Residency Education (AIRE) pilot program requires the following documentation:

1. Attestation that the new program will adhere to all requirements described in the approved AIRE innovation application. This attestation must be in the form of a letter addressed to the AIRE team confirming the already-approved application for the innovation pilot has been reviewed and the new program will adhere to all components of the pilot innovation as described in the previously approved application. This must be signed by the program director of the involved graduate medical education program.
2. Review and approval of the following information by the ACGME specialty Review Committee overseeing the innovation:
3. Program demographics (Section B below), including confirmation that the requesting program is in good accreditation standing; and,
4. Signatures confirming support for participating in the pilot innovation from institutional educational leadership (Section C below).

Once the required materials have been received by the AIRE team, all information will be forwarded to the appropriate specialty Review Committee for review. The Review Committee will then inform the applicant via letter of the outcome of that review.

**Section A. Name of Approved AIRE Pilot Innovation**

Click or tap here to enter text.

**Section B. Additional Program Demographics**

1. Program Name: Click or tap here to enter text.
2. Program Number: Click or tap here to enter text.
3. Program Director Name, Email, and Telephone Number: Click or tap here to enter text.
4. Specialty Review Committee: Click or tap here to enter text.
5. Program Accreditation Status: Click or tap here to enter text.
6. Program Citations and/or Areas for Improvement (AFIs): Provide a copy of the most recent letter of notification from the appropriate specialty Review Committee. List below any citation and/or AFI the program received during the most recent review and explain how each item has been addressed.
7. Sponsoring Institution: Click or tap here to enter text.
8. Designated Institutional Official (DIO) Name, Email, and Telephone Number: Click or tap here to enter text.
9. Sponsoring Institution Accreditation Status: Click or tap here to enter text.

**Section C. Required Signatures with Date**

1. Program director:

Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

1. If a dependent subspecialty, specialty program director:

Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

1. Department Chair, if applicable:

Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

1. DIO:

Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

1. Chair, Medical Education Committee:

Signature: Click or tap here to enter text. Date: Click or tap to enter a date.