

Please address all the questions/requirements below and on the next page in your request. Send completed requests to the GME Accreditation Team at least two weeks prior to the Program Quality and Compliance Committee meeting date where you would like this item considered. P&C meets monthly.

Requests to change a program's resident/fellow complement need review and approval by:

1. *MUSC Program Quality and Compliance Committee*
2. *MUSC GMEC*
3. *MUSC Strategic Manpower for Funding*

NST Program Name

Related Program

Participating Sites for NST Program

Length of NST Program (1-36 months)

Provide the rationale for the length of the NST program if longer than one year.

NST Program Director Name

NST Program Director Preferred Phone

NST Program Director Email

Training Program Liaison (Program Coordinator) Name

Training Program Liaison (Program Coordinator) Preferred Phone

Training Program Liaison (Program Coordinator) Email

Specify any required qualifications of the NST program director

List all faculty members other than the NST program director who have responsibility for education or supervision of trainees in the NST program. (First / Last / Degree / Participating Site)

Define the educational goals of the NST program.

Describe NST trainee responsibilities for patient care, care management, and supervision during the NST program.

Describe required educational experiences and didactic sessions in the NST program.

Is this primarily a research program? (Yes/No) Yes No

If "Yes," describe how this NST program will provide advanced clinical training.

Does the NST program require experience in patient care procedures? (Yes/No) If Yes No
"Yes," define procedural experience requirements.

Define the prerequisite education and/or training for entry into the NST program.

Describe supervision of trainees in the NST program.

Describe the method(s) for assessment of NST trainees.

Describe how personnel, clinical services, and other resources will be made available for the NST program without adverse impact on the education of residents or fellows in the Sponsoring Institution's ACGME-accredited program(s).

Is the NST program accredited? (Yes/No) If Yes No
"Yes," identify the accrediting body.

Will you take J-1 Vias holders? Yes No
If "Yes," have you reviewed the NST requirements from the ACGME? Yes No [Click this link to review.](#)

Do you understand if you take J-1 Vias holders you are bound to requirements outlined above? Yes No

Is certification available to graduates of the NST program? (Yes/No)
If "Yes," identify the certifying body.

Yes

No

NST Program Director Signature/Date:

NST Program Coordinator Signature/Date:

Department Chair Signature/Date: