Non-Standard Training (NST) Program Description

A Sponsoring Institution with Institutional NST Recognition must provide additional information for each of its NST programs in the ACGME’s Accreditation Data System (ADS). The information listed below is used to create a profile for each NST program. A response to each item is required unless otherwise specified. All free text questions have a **max limit of 2,500 words**. Contact Institutional Review Committee staff at irc@acgme.org with questions.

NST Program Name

Related Program

NST Program Mailing Address (Address 1 / Address 2 / City / State / Zip Code)

NST Program Website (Optional; valid URL format)

NST Program Phone

NST Program Email

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

(Select from Faculty Roster of the most closely related program identified earlier)

NST Program Director Preferred Phone

NST Program Director Email

Training Program Liaison (PC) Name

Training Program Liaison (PC) Preferred Phone

Training Program Liaison (PC) 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)

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,” 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,” identify the accrediting body.

Is certification available to graduates of the NST program? (Yes/No)

If “Yes,” identify the certifying body.

**To Be Completed by the Designated Institutional Official (DIO):**

Indicate the date of Graduate Medical Education Committee (GMEC) approval of the NST program description.

(MM/DD/YYYY)

The DIO attests that the NST program provides advanced, specialized clinical training for which there is no ACGME accreditation or American Board of Medical Specialties (ABMS) Member Board certification.

(Yes/No)

(MM/DD/YYYY)