



TAGME

**2008 Applicant Information
and
Instructions**



CERTIFICATION PROCEDURAL INFORMATION

(APPLICANT COPY – DO NOT RETURN)

Certification is a 2 part process. Documentation for Certification to be submitted to TAGME for review will include:

- 1) Global and clinical specialty content assessment tools that are required to be done in a monitored setting.
- 2) Clinical specialty work effort tool that will be submitted at the monitored setting.

Accepted monitored settings are:

**National Clinical Specialty Association Meeting
Regional sites as offered by TAGME (e.g. Fall Open Assessment)**

Each clinical specialty that holds permanent membership on the TAGME Executive Board meets the standards of the National Board with regards to the assessment tool. When your clinical specialty has developed approved assessment tools, you may submit both parts of the certification process at the same time.

Application dates: **March 1 – May 31** for assessment sites between July 1- December 31
 September 1 – November 30 for assessment sites between January 1 – June 30

The process is:

- 1) Submit completed application and registration forms with fee
- 2) You will receive the Confidentiality Statement and Work Effort Tool with instructions via email
- 3) Bring your completed work effort tool to the monitored assessment site
- 4) Bring your resource documents to the monitored assessment site
- 5) Bring a large envelope labeled with the name of your clinical specialty to the monitored assessment site
- 6) At the monitored assessment site, instructions will be given for collection of materials

The Certification Assessment Tools are designed for successful completion. However, in the event of an unsuccessful completion, you will have one year to retake the assessment tool (s) at no additional cost. During that year you will have up to two additional opportunities to successfully complete the certification assessment tool (s):

Example 1:

1 st attempt:	2008 Clinical Specialty Spring Meeting
2 nd opportunity:	Fall Open Assessment
3 rd opportunity:	2009 Clinical Specialty Spring Meeting

Example 2:

1 st attempt:	2008 Fall Open Assessment
2 nd opportunity:	Clinical Specialty Spring Meeting
3 rd opportunity:	2009 Fall Open Assessment

Certification is valid for a 5-year period. See page 4 for renewal of certification requirements.



REQUIREMENTS AND FEE STRUCTURE

(APPLICANT COPY – DO NOT RETURN)

APPLICATION DATES: **March 1 – May 31** for assessment sites between July 1- December 31
September 1 – November 30 for assessment sites between January 1 – June 30

Reimbursement Policy:

- \$50.00 non-refundable fee
- Requests for reimbursement must be postmarked 31 days prior to the scheduled date of the assessment; all fees will be forfeited for requests postmarked after the deadline.

INITIAL APPLICATION – Requirements - Submission of:

- 1) Application Form and appropriate documents
- 2) Attach a personal check, money order, or institutional check, payable to TAGME for \$250.00 to cover application and assessment fees.

Global/Clinical Specialty Content Areas - Requirements: submission of

- 1) Global/Clinical Specialty Content Assessment Tools as completed in a monitored setting
- 2) Work Effort Tool

ADDITIONAL SPECIALTY/SUBSPECIALTY CERTIFICATION:

- 1) Application Form and appropriate documents
- 2) Attach a personal check, money order, or institutional check, payable to TAGME for \$125.00 to cover application and assessment fees

Clinical Specialty Content Areas – Requirements: submission of

- 1) Clinical Specialty/Subspecialty Content Assessment Tool as completed in a monitored setting
- 2) Work Effort Tool

MAINTENANCE OF CERTIFICATION – Requirements

To maintain certification, candidates must:

- 1) submit application for renewal with appropriate documentation to verify continuation of the initial criteria;
- 2) successfully complete the Recertification Tool;
- 3) attach a personal check, money order, or institutional check, payable to TAGME for \$125.00 to cover application and assessment fees

DURATION OF CERTIFICATION-

Certification will be valid for 5 years from the end of the month of certification. To maintain certification, documentation for renewal of certification must be submitted. Each renewal of certification period is 5 years from the end of the month of recertification. If more than one year transpires between renewal of certification periods, the applicant must redo the initial certification process, including payment of appropriate fees.

MAIL ALL MATERIALS TO:

Ellen Greenberger, C-TAGME
Case Western Hospitals & Clinics
Dept. of Orthopedic Surgery
111 Euclid Ave.
6th Floor Hanna 641
Cleveland, OH 44106

Email: resicoordinator@tagme.biz
Tel: 216-844-3233

Notification: In each case, you will be notified by TAGME through email when all criteria for certification or recertification have been met.

**SPECIAL ACCOMODATIONS****(APPLICANT COPY – DO NOT RETURN)**

Documentation substantiating the disability must be submitted with the application materials. The applicant will be notified of the decision within 10 business days following receipt of the application materials.

TAGME supports the intent of the Americans with Disabilities Act (ADA). TAGME will provide reasonable accommodations during the monitored assessment to provide equal opportunity for persons with disabilities. Applicants are reminded, however, that TAGME will not offer a particular auxiliary aid if doing so would fundamentally alter the measurement of the skills or knowledge the monitored assessment is intended to measure or would result in an undue burden. Requests for special accommodations must include:

- A letter diagnosing the applicant's disability and identifying one or more major life activities that the disability substantially limits. The letter should particularly describe the ways in which the disability substantially limits the identified major life activities. The letter must be written by a licensed professional qualified to evaluate the disability, printed on the certified examiner's letterhead, with the examiner's credentials, address and telephone number given in the letterhead or title, and the examiner must sign it.

Specific recommended accommodations with a rationale for why each accommodation is needed. A description of any functional limitations associated with the disability is important to TAGME's evaluation of the request.



TAGME

2008 Application Forms

- Application Form
- Curriculum Vitae Template
- Supportive Verification Form



2008
APPLICATION FORM
National Board of Certification
Training Administrators of Graduate Medical Education

Applicant Name: _____

Applicant Title: _____

Clinical Specialty: _____

Program Name: _____

Program Address: _____

Program Phone: _____

Email: _____

Application dates: **March 1 – May 30** for assessment sites between July 1- December 31
 September 1 – November 30 for assessment sites between January 1 – June 30

I have enclosed:

- This completed application form
- Application CV using the standard format ONLY (please see example)
- The Criteria for Application is as follows:**
- **3 years as coordinator of _____ (insert clinical specialty)**
 - **attendance at one national meeting in the past 3 years, whose focus is graduate medical education**
 - **participation in a site visit or internal review within the past 3 years**
 - **personal professional development within the past 3 years – presentations at national, state, institutional or departmental level; poster presentations or manuscripts published**
- Supportive Verification Form completed and signed, sealed in program envelope with signature of verifier across the back flap.
- A certified check, personal check, or money order, or a program, institution or department check, payable to TAGME for the application and assessment fees.
- \$250.00 for the initial certification
 - \$125.00 for recertification
 - \$125.00 for additional specialty/subspecialty certification. Note: 1) candidate must have successfully completed initial certification for Global and a Clinical Specialty's Tools; and 2) must have current/active certification status through TAGME.
- Need for Special Accommodations; see Special Accommodations Guidelines on page 5

Your name as it should appear on your certificate: _____

OPTIONAL- if you would like your Program Director, Department Chair, or Designated Institutional Official (DIO) to receive a copy of your receipt of certification letter, please provide contact information below:

Program Director Name/Address:

Department Chair Name/Address:

DIO Name/Address:

By signing this form, I understand that:

1. Upon receipt and review of the above documents, I will receive notice of the status of my application and eligibility for certification by email. Pending eligibility, I will have one year to complete all assessments tools. All submitted documentation will be held for one year from date of receipt. At that time it will be destroyed. No application materials will be returned. My original application CV will be kept on file, along with the tracking of my progress.
2. It is the responsibility of the applicant to see that the Board has received all the required documentation. Applicants who do not submit the required documentation will not qualify for certification.
3. The candidate who provides false information on their application will lose all rights to certification.
4. The duration of certification is 5 years at which time renewal will be required.

Signature:

Date:



APPLICATION – CURRICULUM VITAE

National Board of Certification
Training Administrators of Graduate Medical Education

DIRECTIONS:

Please create your certification CV using the following format, copying and substituting your information. Only record the previous 3 years for all areas except employment. Delete this direction statement.

Name: *Susie Smith*

Title: *Program Coordinator*

Clinical Specialty: *Internal Medicine*

Program/ GME Name: *Some Place Internal Medicine Residency Program*

Program/ GME Address: *Some Place Medical Center – 123 Some Street – Some Place, Some State, Some Zip*

Program Phone: *(000) 444-4444* **Fax:** *(000) 444-4445*

Email Address: *inacordinator@someplace.edu*

Program/GME Director: *U.R. Mypd, MD*

Sponsoring Institution: *University of Some Place*

Home Address: *123 Live Here, Some Place, Some State, Some Zip*

EMPLOYMENT:

1/ 2000 – Present **Program Coordinator; Some Place Internal Medicine Residency Program**

PROGRAM REVIEWS FOR ACCREDITATION:

3/2003 RRC Site Visit – Some Place Internal Medicine Residency Program - Accreditation status pending

3/2001 Internal Review – Some Place Internal Medicine Residency Program

MEETING ATTENDANCE:

5/2004 – Association of Internal Medicine Residency Coordinators Spring Conference; Orlando, Florida.

3/2003 – ACGME Educational Workshop; Chicago, Illinois.

PERSONAL PROFESSIONAL GROWTH EXPERIENCES:

Publications: Referred; Peer-Reviewed; Invited

UR Mypd, MD; S Smith; “How My Residency Works”; GMEJournal; May, 2002; 35.

PRESENTATIONS OR POSTERS:

Association of Internal Medicine Residency Coordinators; “Why Did I Choose This Job?”; Orlando, Florida; May 2004.

Professional Organizations; Committee Membership; Leadership Roles where appropriate:

Association of Internal Medicine Residency Coordinators Steering Committee; 2002-2004

Association for Internal Medicine Education; 2000-Present

University of Some Place GMEC Committee; 2003-Present

University of Some Place Coordinator Education Forum Committee; 2000 – Present;

Chair – 2003-Present

Planning Committee – 2001-2003

EDUCATION: (highest degree awarded)

(Examples):

High School Diploma

College: *BS in Education*



APPLICATION - SUPPORTIVE VERIFICATION FORM

National Board of Certification
Training Administrators of Graduate Medical Education

PLEASE TYPE OR PRINT:**Applicant:****Clinical Specialty:****Training Program:****Address of Training Program:**

MAILING INSTRUCTIONS: Place your completed and signed form in a program envelope, seal it and write your name across the back flap. Return it to your training administrator. This is a required document to be included in the application for certification. The purpose of this form is to verify the criteria for certification.

My professional relationship to the applicant is (please check one):

- Chair
- Program Director
- Assistant/Associate Program Director
- DIO

_____ (applicant) is submitting an application to be a Certified Training Administrator for Graduate Medical Education Programs, with added qualifications in _____ (clinical specialty). Please verify the following:

1. The applicant has been an administrator for this training program for at least three years.
 ____ Yes ____ No
2. The applicant has participated in at least one internal review and/or one Institutional or RRC site visit in the last three years.
 ____ Yes ____ No
3. The applicant attended at least one national conference in the past three years, whose focus was graduate medical education.
 ____ Yes ____ No
4. The applicant has participated in at least one of the following opportunities for personal professional growth within the past three years: presented at a national, state, regional or departmental conference; manuscript publication; poster presentation at a national, state, regional or departmental conference; leadership role in an activity and/or committee of the sponsoring institution.
 ____ Yes ____ No
5. The applicant has sufficient skills, knowledge and abilities to manage the day-to-day responsibilities and activities of the training program. These skills may include some of those listed below as they apply to your program.
 ____ Yes ____ No

SKILL SET

- Communication
- Excellent Verbal Skills
- Excellent Written Skills (brochures, policy manuals, minutes, memos, newsletters, documentation for ACGME (site visits), ABMS, etc.)
- Technical – computer and database management
- Research and data analysis skills
- Excellent problem solving and decision-making skills
- Demonstrated mastery in supervision and development of support personnel
- Demonstrated knowledge of Human Resources issues and policies
- Demonstrated knowledge of institutional and departmental policies and procedures
- Demonstrated mastery in program development, program administration and policy implementation
- Demonstrated knowledge of various regulatory bodies, (e.g., ACGME, ABP, etc.).
- Skills in coordinating multiple, simultaneous ongoing program demands
- Knowledgeable in preparation, allocation, and fiscal management of house officer budgets
- Organizational expertise, attention to detail, dependability and trustworthiness
- Adept at time management and self motivation

ATTITUDES

- Effectively communicates with others
- Ability to work collaboratively and effectively with other departments and outside agencies
- Fosters teamwork with residents, medical students, faculty and professional associates
- Responsive to the needs of others

PROFESSIONALISM

- Exhibits personal excellence in leadership and management
- Creates and supports an environment that fosters teamwork, cooperation, respect and diversity
- Respects the inherent worth of all individuals evidenced through inclusiveness and diversity
- Commitment to carrying out professional responsibilities
- Adheres to strict ethical principles
- Analyzes and synthesizes information well
- Makes informed decisions
- Recognizes limits of knowledge and expertise, and seeks help appropriately
- Utilizes cost-effective approach to office management
- Demonstrates a willingness to learn from others
- Maintains confidentiality in all aspects of job duties (personnel files, evaluations, Interviews, etc.)
- Promotes positive change and innovation, constantly seeks ways to improve

6. Please comment on the effort made and/or the impact of the applicant on the training program. Attach additional pages as needed. (This question is optional.)

Print Name:

Signature:

Date:
