

**I. Institutions**  
**B. Participating Sites**

**Common Program Requirement:**

1. *There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years.  
The PLA should:*
  - a) *identify the faculty who will assume both educational and supervisory responsibilities for residents;*
  - b) *specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;*
  - c) *specify the duration and content of the educational experience; and,*
  - d) *state the policies and procedures that will govern resident education during the assignment.*
2. *The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS)*

- **Documentation for PLAs:** All current PLAs should be available for the site visitor; they should not be attached to the PIF; they should contain the four items listed above (B.1.a-d) as well as the required signatures and a date less than five years old. Agreements should be updated whenever there are changes in program director or site director, resident assignments, or revisions to the items specified in the CPR or the specialty requirements. **Note:** When completing the PIF section on participating sites, identify the sites that meet the criteria for not requiring a PLA by selecting the option: “PLA N/A as site is under the governance of sponsoring institution.”

The ADS (PIF) table related to these requirements is shown below:

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**PARTICIPATING SITES**

<b>SPONSORING INSTITUTION:</b> (The university, hospital, or foundation that has ultimate responsibility for this program.)	
Name of Sponsor:	
Address:	Single Program Sponsor? ( ) YES ( ) NO
City, State, Zip code:	
Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School)	
Name of Designated Institutional Official:	
Mailing Address:	Phone Number:
	Email:
Name of Chief Executive Officer:	
Does SPONSOR have an affiliation with a medical school (could be the sponsoring institution)? ( ) YES ( ) NO	
If yes, name the medical school below and have an affiliation agreement that describes the effect of these arrangements on this program available.	
Name of Medical School #1:	
Name of Medical School #2:	

<b>PARTICIPATING SITE (Site #2)</b>			
Name:			
Address:			
City, State, Zip Code:			
Integrated: ( ) YES ( ) NO			
Does this site also sponsor its own program in this specialty?		( ) YES	( ) NO
Does it participate in any other ACGME-accredited programs in this specialty?		( ) YES	( ) NO
Distance between #2 & #1: Miles:		Minutes:	
Type of Rotation (select one) ( ) Elective ( ) Required ( ) Both			
Length of Resident/Fellow Rotations (in months)		Year 1:	Year 2:
		Year 3:	Year 4:
		Year 5:	Year 6:
CEO/Director/President's Name:			
Brief Educational Rationale:			