REVIEW AND APPROVAL FOR FILLING VACANCY
OF RESIDENT/FELLOW LINES
Does not apply to Match OR SOAP applicants

Part 1: pre-approval to begin recruitment:

Requesting Program:____________________ Expected Date of Hire: ____________________

Is this vacancy the result of a resident/fellow leaving without completing a program? ☐ Yes ☐ No

Is this vacancy the result of unfilled ACGME approved lines? ☐ Yes ☐ No

Name of person who vacated line. __________________________________________________________

PGY-level of person who vacated line. ____________________________________________________

Financial Support for Vacancy: ☐ State ☐ VA (via disbursement) ☐ IFR ☐ Other

Eligibility Criteria for Vacant Position:

- Candidate must be same PGY Status as vacancy
- Must be eligible for full CMS/Federal Funding reimbursement during time of training at SUNYSB
- Must have passed USLME Step1, Step 2CK, Step 2CS and Step 3 exams (or equivalent COMLEX or LMCC exams) as delineated in our GME policy, including number of attempts.
- If transferring from another program, must have passed all six competencies before given offer of employment.

Explanation of Why Position Vacant:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Date ___________________ NAME ___________________
Program Director

Date ___________________ NAME ___________________
Department Chair

Date ___________________ Frederick M. Schiavone, MD
DIO, Vice Dean GME

Date ___________________ Joseph Laver, MD
Chief Medical Officer
Part 2: approval to finish recruitment and propose new hire (additional funding)

Name of candidate: ___________________ Proposed Date of Hire: ___________________

Stony Brook program to which candidate is applying ___________________ PGY-level _____

Citizenship Status ______ US Citizen ______ Permanent Resident ______ J-1 visa

Current DIO* __________________ DIO email: __________________ DIO phone__________

Current Program Director* __________________ PD email: __________________ PD phone__________

*or most recent DIO and Program Director if not currently enrolled in a program.

Brief description of this candidate's interest in our program and explanation as to funding exception:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Please submit to GME the following documents after review by the Program Director:

☐ ERAS application
☐ Updated CV
☐ Updated Personal Statement
☐ Dean’s Letter/MSPE
☐ Medical School Transcript
☐ At least 3 current letters of recommendation
☐ Medical School Diploma
☐ History of Previous Training
☐ Certificate verifying Prior Training (from each institution)
☐ Summative Evaluation from prior training (from each institution)
☐ Most Recent Milestones Assessment (sent to ACGME)

Date ___________________ Program Director Signature ___________________

Date ___________________ DIO Signature ___________________

Date ___________________ Chief Financial Officer Signature ___________________

Date ___________________ Chief Medical Officer Signature ___________________