



MMCGME FTE Oversight Committee - Program Request

Please note: this form needs to be completed fully two weeks prior to your scheduled meeting date.

Program Name:

Program Director Name:

Program Coordinator Name:

Attach Executive Summary of financial funding needs
(please note: this committee does not make
determinations based on educational rationale):

Drop files or click here to upload

Request Category:

- Complement Increase
- Transition from Non-Accredited to Accredited
- Shift from one hospital to another
- New Program
- Other

FTE counts by hospital site for the current year, previous 3
years, and future 5 years:

Drop files or click here to upload

Additional Program Information:

0 10 20 30 40 50 60 70 80 90 100

% of Graduates Practicing in MN

Not Applicable



Board Pass Rate

Not Applicable



Workforce Needs Analysis:

Drop files or click here to upload

How will you fund this request? Consider all options ranging from full hospital funding to zero hospital funding.

A large, empty rectangular box with a thin black border, intended for the respondent to provide their answer to the funding question. The box is currently blank.

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