NM Human Services Department
Graduate Medical Education Expansion
DRAFT: Application Evaluation Worksheet

Name of Reviewer: [Name]
Date: [Date]

Is Application Complete?: Includes all sections and required attachments
If Not Complete Explain:

Applicant Organization:
Applicant Contact:
Contact Email:
Contact Phone:

Program Eligibility
New Program (X) Program Expansion (X) Both (X)
New Mexico Licensed Hospital
Academic Medical Center
Free Standing Teaching Hospital
GME / Training Consortium
FQHC / RHC

Specialty Considered: Choose One or More (X)
Family Medicine
General Internal Medicine
General Pediatrics
General Psychiatry
Total

Number of New First Yr. Positions Requested, if known
Proposed Rural Training Track Location if applicable
Existing Training Prog.
Annual Graduates
0 0

Application Intent:
Choose One or More (X)

1) Plan for and develop new- or expand existing- (ACGME) program within the specified primary care specialties;

2) Cover staff, technical assistance, and other related costs associated with ACGME application development for new programs; and/or,

3) Fund start-up operating costs prior to launch of a new program

4) Other - Explain below
### Application Review Criteria

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Weighted Value</th>
<th>Criteria Descriptions</th>
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<tbody>
<tr>
<td>Requirement 1: Abstract</td>
<td>0.5</td>
<td>1 Not Responsive -- 10 Exceptional</td>
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**Criteria: The Abstract responds to all of the fields in Attachment B of the application. The Abstract could be used as a freestanding document to explain the intent of the application.**

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<tr>
<th>Requirement 2: Narrative</th>
<th>1.5</th>
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**Criteria: Grant applications provides a clear description of the Applicant’s efforts toward the following:**
1. Provides information on the purpose or goals of residency development, the organization(s) involved, the specialty program of focus and describes the population of the area.
2. Describes the organization’s commitment to serve the Medicaid population(s).
3. Describes the organization’s efforts to encourage residents to remain in NM, particularly in rural and/or underserved areas post-residency, for expansion programs.
4. A discussion of community need for primary care access improvements including populations to be served, local conditions impacting healthcare access, key health concerns, and other efforts to address health improvement and workforce.
5. A clear Organizational Chart, Biographical Sketches describing clear relationships are provided
6. The Stage requested is defined and meets criteria for that stage
7. Are Letters of Support and Commitment or Agreements provided.

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<thead>
<tr>
<th>Requirement 3: Budget</th>
<th>1</th>
<th>0</th>
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Comments:

Requirement 4: Project Workplan  Weighted Value 1.5
Comments:

Total Score

Check One or More (X)
Recommend Funding
Recommend Technical Assistance
Recommend Not Funding
No Recommendation

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<th>Scoring of Sections: Overall Strength of Response to Criteria</th>
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<tr>
<td><strong>Low</strong></td>
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Criteria: The Budget ties directly to the workplan. Applicant estimates time and effort associated with completing the workplan objectives and tasks within the timeframes presented. Non-staff time would be focused on technical assistance or needs directly related to residency program development costs as opposed to health service operations. Program viability documentation has been provided for existing programs seeking to expand.

Criteria: Application contains a clearly definable workplan that reasonably states the beginning, milestones and end product consistent with the rest of the application

Total Score 0

Comments: