**New Parallel Curriculum (track)**

**Notification Form**

Please use this form to notify the Liaison Committee on Medical Education (LCME) of the creation of a new parallel curriculum (track). See white paper defining a parallel curriculum on the LCME website for background information ([lcme.org/publications/#White-Papers](http://lcme.org/publications/#White-Papers)).

If the new parallel curriculum (track) will result in a class size increase or will take place at a new/expanded regional campus, please also complete the Class Size Increase Notification Form or the New/Expanded Regional Campus Notification Form, as relevant.

If you have questions or need advice on how to complete the form(s), contact the LCME Secretariat at lcme@aamc.org.

**SUBMISSION INSTRUCTIONS**

Please email lcmesubmissions@aamc.org a dated and signed cover letter from the medical school dean addressed to the LCME Co-Secretaries and the completed notification form in a single PDF.

The cover letter and notification form must be submitted in time for the LCME to review the information prior to implementation of the change. Notification forms are reviewed as part of regularly scheduled LCME meetings. Use the table below to determine when the notification will be reviewed.

|  |  |
| --- | --- |
| **Date Form Received** | **Date Form Will Be Reviewed by the LCME** |
| August 2 – December 1\* | February LCME meeting |
| December 2 – April 1\* | June LCME meeting |
| April 2 – August 1\* | October LCME meeting |

\*If the 1st of these months falls on weekend or holiday, submission will be accepted the

next non-holiday business day.

It is advised that you do not include hyperlinks within the document(s) of the submission. If a reference to a website is necessary, create an appendix with a table of contents and include PDFs of the webpages and/or screenshots.

|  |  |
| --- | --- |
| Date of Submission | Click here to enter text. |
| School Name | Click here to enter text. |
| Date or academic year change will become effective | Click here to enter text. |
| Name and title of the program official submitting the information | Click here to enter text. |

**Please complete the following questions with as much detail as possible. Expand the available space, as needed.**

1. Summarize the structure of the proposed parallel curriculum, including the desired goals and outcomes. Compare the curriculum structure, instructional formats, and approaches to student assessment with those of the “regular” curriculum. Include a schematic of the “regular “curriculum and the parallel curriculum.

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| Click here to enter text. |

1. Will students in the parallel curriculum be expected to meet all of the educational program objectives and graduation requirements of the “regular” curriculum? If not, explain what will be eliminated or added and why.

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| Click here to enter text. |

1. Complete the following table with the planned student enrollment for each of the first four years of implementation the proposed parallel curriculum:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Curriculum Year | Academic Year\* | Academic Year\* | Academic Year\* | Academic Year\* |
| Year One |  |  |  |  |
| Year Two |  |  |  |  |
| Year Three |  |  |  |  |
| Year Four |  |  |  |  |

 \*Add AY 20##-## in which the proposed parallel curriculum will take place.

1. Describe how and by whom students will be selected to enter the parallel curriculum, including the entrance requirements.

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| Click here to enter text. |

1. Will students be permitted to opt out of the parallel curriculum (re-enter the regular curriculum) at any time? If so, describe how that process will occur.

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| Click here to enter text. |

1. Summarize any specific/additional resources that will be needed and how those resources will be allocated for the parallel curriculum in the following areas:
2. Faculty numbers and composition

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| --- |
| Click here to enter text. |

1. Educational space

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| --- |
| Click here to enter text. |

1. IT infrastructure

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| --- |
| Click here to enter text. |

1. Clinical sites and resources

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| --- |
| Click here to enter text. |

1. Funding

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| --- |
| Click here to enter text. |

1. Note any additional relevant data that the LCME should take into consideration.

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| Click here to enter text. |