

TEXAS HIGHER EDUCATION COORDINATING BOARD
Graduate Medical Education Expansion Grant Application
Certification of Application Information

Application Deadline: November 6, 2018

Applications received after this date will not be considered for funding.

Each application must include three completed forms and required attachments:

Application Form 1 - Certification of Application Information: One (1) form per Applicant
Application Form 2 - General Applicant Information: One (1) form per Applicant
Application Form 3 - GME Program Information: One (1) form for each eligible GME program

Submit completed forms to: GME-Expansion@THECB.state.tx.us

2.1. APPLICANT INFORMATION

Name of Applicant Institution or Hospital:

Name of Sponsoring Institution (for example, a licensed hospital, medical school and/or non-profit corporation sponsoring the residency program):

Name of Applicant Contact:

Applicant Contact Phone:

Applicant Contact Position/Title:

Applicant Contact Email:

Additional Applicant Contact Person:

Additional Contact Position:

Additional Contact Email:

Additional Contact Phone:

Applicant Location:

City:

Zip Code:

County: _____

State: _____

2.2. CONTRACT SIGNER

If awarded, name and position/title of individual who would sign grant award contract.

2.3. RESIDENCY PROGRAMS FOR WHICH APPLICANT REQUESTS FUNDING

Residency Program Data

Program Specialty	Program Length (Yrs)	Program Name, Facility and City
_____	_____	_____
_____	_____	_____
_____	_____	_____