

TEXAS HIGHER EDUCATION COORDINATING BOARD  
EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP)  
**2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM**

**Application Deadline: 11:59 p.m. CT, March 15, 2024**

Applications received after the deadline will not be considered for funding.  
Applications must be submitted to the THECB at [ETEP@highered.texas.gov](mailto:ETEP@highered.texas.gov)

**Refer to the Request for Applications (RFA) to ensure accurate form completion.  
Headings in the Application Form correspond to Section 8 of the RFA.**

Contact for questions: [ETEP@highered.texas.gov](mailto:ETEP@highered.texas.gov)

**RFA SECTION 8.1. CERTIFICATION OF APPLICATION INFORMATION**

The submitted Application is binding and valid at the discretion of the Texas Higher Education Coordinating Board (THECB). Any terms and conditions attached to an Application will not be considered unless specifically referred to in this Request for Applications and Applicant's attachment of such terms and conditions to an Application may disqualify the Application.

By signing this document, I certify to the following:

- 1) I am authorized to bind the graduate medical education (GME) program and/or the sponsoring institution submitting the Application in an agreement.
- 2) The statements herein are true, complete, and accurate to the best of my knowledge.
- 3) The Application is submitted by an individual authorized to complete the submission on behalf of the GME program and/or the sponsoring institution.
- 4) If funds are awarded, this organization fully accepts the terms and conditions described in this Request for Applications and accepts the obligation to comply with terms and conditions set by the Texas Higher Education Coordinating Board.

Sponsoring Institution:

GME Program Name:

Name of Individual Authorized to Sign the Application:

Signature of the above Authorized Individual (with date):

Title:

Phone Number:

Email Address:

**TEXAS HIGHER EDUCATION COORDINATING BOARD  
EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP)  
2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM**

**RFA SECTION 8.2 PROJECT NARRATIVE**

**8.2.1 CONTACT INFORMATION**

Name of Sponsoring Institution:

Name of GME Program:

GME Program Specialty or Subspecialty:

Is the Applicant a:                      GME Program                      or                      Sponsoring Institution  
(Select One)

Name of Applicant Contact:

Applicant Contact Title:

Applicant Contact Phone:

Applicant Contact Email:

Additional Contact

Additional Contact Name:

Additional Contact Title:

Additional Contact Phone:

Additional Contact Email:

**TEXAS HIGHER EDUCATION COORDINATING BOARD  
EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP)  
2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM**

*[Applicant should discuss the items listed below. Limit responses to the space provided.]*

**8.2.2 PROJECT SUMMARY**

Describe how the Emergency and Trauma Care Education Partnership (ETEP) grant will increase, or at a minimum, maintain previously funded increases in the number of physicians (fellows/residents) trained in emergency and trauma care.

**TEXAS HIGHER EDUCATION COORDINATING BOARD  
EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP)  
2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM**

Describe the process, including the timeline, for securing approval for the additional positions if the program plans to increase the number of fellows/residents beyond what is currently approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Association for the Surgery of Trauma (AAST).

Describe how the program or similar activities would continue after the grant period ends and include potential partnership program replication (as applicable).

**TEXAS HIGHER EDUCATION COORDINATING BOARD  
EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP)  
2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM**

Describe how the employment of fellows/residents will be tracked after completion of program.

Describe how the collaborative education model provides for program management that offers a centralized decision-making process allowing for inclusion of each entity participating in the partnership (if applicable).

*As a required Attachment to the Application, provide the participating graduate medical education program's most recent letter from ACGME or AAST indicating the program's current accreditation status.*

**TEXAS HIGHER EDUCATION COORDINATING BOARD  
EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP)  
2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM**

**8.2.3 DESCRIPTION OF APPLICANT AND PARTNERS**

Program Name:

Sponsoring Institution:

Program Specialty/Subspecialty:

Program Length:

Accreditor:

Initial Accreditation Date:

Initial Program Start Date:

ACGME/AAST Program Code:

Program Address

Street:

City:

State: Texas

Zip Code:

County:

Program Director

Name:

Title:

Phone Number:

Email Address:

Program Coordinator

Name:

Title:

Phone Number:

Email Address:

Other Staff

Name:

Title:

Phone Number:

Email Address:

**TEXAS HIGHER EDUCATION COORDINATING BOARD  
EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP)  
2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM**

Hospitals

Provide information on the hospitals, including a description of the roles, commitments, and responsibilities of the hospitals and the training fellows/residents in the GME program will receive. Also include information relevant to the required utilization of existing facilities and expertise of the hospitals and graduate education programs participating in the partnership.

Provide a statement that the Applicant will maintain existing clinical training agreements between hospital(s) and graduate medical education program(s) not participating in the ETEP GME Program partnership.

**TEXAS HIGHER EDUCATION COORDINATING BOARD  
EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP)  
2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM**

**8.2.4 ASSESSMENT OF NEED**

Provide a short statement that describes the total number of fellow/resident program positions requested to be funded, including maintaining previously funded increases (refer to the table on page 9), and any additional permanent increases in program positions.

**RFA SECTION 8.3 PROJECT WORK PLAN OR TIMELINE**

**8.3.1 PROJECT GOAL STATEMENT**

Select the grant period for which the Applicant intends to apply. Select only one.

July 1, 2024 -June 30, 2026 (24 months)

July 1, 2025 -June 30, 2026 (12 months)



**TEXAS HIGHER EDUCATION COORDINATING BOARD  
EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP)  
2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM**

**8.3.2 MAJOR PROJECT OBJECTIVES AND EXPECTED OUTCOMES**

**Program Fellowship/Residency Positions**

*Include only positions approved by ACGME/AAST. Exclude fellows/residents subsidized by the military, Public Health Service, or other federal agencies.*

<b>Number of Program Positions</b>	<b>FELLOW/RESIDENT POST GRADUATE YEAR (PGY)</b>							<b>TOTAL</b>
	<b>PGY 1</b>	<b>PGY 2</b>	<b>PGY 3</b>	<b>PGY 4</b>	<b>PGY 5</b>	<b>PGY 6</b>	<b>PGY 7</b>	

Currently approved by ACGME/AAST

Projected to be filled on 7-1-2025

Projected to be filled on 7-1-2024

---

Positions filled as of 7-1-2023

Positions filled as of 7-1-2022

Positions filled as of 7-1-2021

Positions filled as of 7-1-2020

Positions filled as of 7-1-2019

Positions filled as of 7-1-2018

Positions filled as of 7-1-2017

Positions filled as of 7-1-2016

Positions filled as of 7-1-2015

Positions filled as of 7-1-2014

Positions filled as of 7-1-2013

Positions filled as of 7-1-2012

Positions filled as of 7-1-2011

---

**Previously Funded by ETEP**

ETEP funded positions for July 2023

ETEP funded positions for July 2022

ETEP funded positions for July 2021

ETEP funded positions for July 2020

ETEP funded positions for July 2019

ETEP funded positions for July 2018

ETEP funded positions for July 2017

ETEP funded positions for July 2016

ETEP funded positions for July 2015

ETEP funded positions for July 2014

ETEP funded positions for July 2013

ETEP funded positions for July 2012

**Total # of Positions Funded per Academic Year**

**TEXAS HIGHER EDUCATION COORDINATING BOARD  
EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP)  
2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM**

**RFA SECTION 8.4 PROJECT EVALUATION**

Project evaluation will be completed through submission of grant reports. RFA section 10 provides details on grant reporting requirements.

**RFA SECTION 8.5 BUDGET**

**A proposed budget is not required at the time of Application.**

*Negotiated Budget*

*The THECB shall negotiate an award budget with each Awarded Applicant on the methodology described in Section 7. The negotiated award budget details must include a reasonable estimate of funding expenditure amounts in the allowed budget categories (See RFA Section 6.2):*

- A. Fellow and Resident Compensation*
- B. Professional Liability Insurance*
- C. Other Direct Fellow/Resident Costs*

Briefly summarize the planned use of ETEP funds to increase graduate medical education opportunities in emergency and trauma care. Are there funds and/or in-kind contributions made available by the partnership to match a portion of the grant funds? Note that there is no matching fund requirement for Applications submitted under this RFA, but matching funds or in-kind services are a priority criteria consideration as set forth in RFA Section 7.2.

**TEXAS HIGHER EDUCATION COORDINATING BOARD  
EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP)  
2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM**

**RFA SECTION 8.6 FINANCIAL VIABILITY**

Complete the table with financial statement data for the Applicant GME Program’s most recently ended fiscal year. In the revenue section, include grant funding and all other sources of income that supported the program. In the expenditure section, include all expenditures related to operation of the program, regardless of funding source.

**Statement Period:** \_\_\_\_\_

<b>Revenue</b>	<b>Amount (\$)</b>
Net Professional Service Revenue	
Non-Reimbursable Indigent Care	
Affiliated Hospital Support	
Affiliated Medical School Support	
Local/Community Payments and Philanthropic Contributions	
Federal Funds	
Other Funds	
<b>TOTAL REVENUE</b> <i>(All Sources of Funds)</i>	

<b>Expenditures</b>	<b>Amount (\$)</b>
Resident Compensation <i>(Including Fringe)</i>	
Faculty Compensation <i>(Including Fringe)</i>	
Other Staff Compensation <i>(Including Fringe)</i>	
Equipment and Supplies	
Administrative Overhead and Academic/Office Support Expenses	
Professional Liability Insurance	
Clinical/Medical Support Expenses	
Professional Development and Travel	
Fees	
Other	
<b>TOTAL EXPENDITURES</b>	

**TEXAS HIGHER EDUCATION COORDINATING BOARD  
EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP)  
2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM**

## **RFA SECTION 8.7 EVIDENCE OF LEADERSHIP COMMITMENT**

A separate document is not required under this RFA.

The signature in the Certification section by the representative authorized to bind the sponsoring institution or GME program certifies that the entity receiving the ETEP GME grant is fully committed to fulfill the requirements and the work to be performed under the ETEP GME Program.

The Program Director of the eligible GME program, should an award be made, is required to keep his/her leadership apprised of the program's performance and fulfillment of grant requirements during the grant period.

## **RFA SECTION 8.8 ATTACHMENTS**

Attachments as required in RFA Section 8.8 should be submitted as separate files from the completed Application form. (See Appendix D for a checklist).

### Documentation of current program accreditation

Provide the Applicant GME program's most recent accreditation letter from the associated accrediting body (ACGME or AAST).

### Documentation of accreditor approval of additional program positions

- Provide evidence of Applicant's approval from ACGME or AAST for the increase in number of fellowship or residency positions. If the request and approval are for a temporary increase, provide a plan, including a timetable, for obtaining national accreditor approval for a permanent increase in the number positions.
- If a request for approval of an increase in positions has not been submitted to the ACGME or AAST at the time of this Application, Applicant must submit a draft request letter that Applicant intends to submit to the accrediting body and specify the planned date of submission and the expected date of national accreditor approval.

To qualify for a grant award, accreditation approval for the increase in positions must be in effect no later than July 1 of the academic year in which the new position(s) begin.

## **SUBMISSION INSTRUCTIONS**

Save the completed Application form as a PDF file and send by email, along with required attachments, to: [ETEP@highered.texas.gov](mailto:ETEP@highered.texas.gov)