

Accreditation Council for
Graduate Medical
Education

401 North Michigan Avenue
Suite 2000
Chicago, IL 60611

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

9/14/2017



[REDACTED]
Family Medicine Residency Program Director
[REDACTED]
[REDACTED]

Dear Dr. [REDACTED],

The Review Committee for Family Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Family medicine

[REDACTED]

Program [REDACTED]

Maximum Number of Residents: [REDACTED]

OTHER COMMENTS

The Review Committee for Family Medicine approved your request for a permanent increase from [REDACTED] to [REDACTED] positions, effective 7/30/2018.

This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely,

[REDACTED]

[REDACTED]
Executive Director
Review Committee for Family Medicine
[REDACTED]

CC: [REDACTED], MD

Participating Site(s):
[REDACTED]