**Change In Ownership Or Governance**

**Notification Form**

Please use this form to notify the Liaison Committee on Medical Education (LCME) when there will be a significant change in the ownership or governance of the sponsoring institution of a medical education program (i.e., the medical school or its parent university), such as transfer of the program to the auspices of another institution, merger of the sponsoring institution with another institution, or the separation of a medical education program from its existing sponsoring institution.

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

**Submission Instructions**

Please email [lcmesubmissions@aamc.org](mailto: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.

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| **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. Provide a general description of the ownership/governance change, including historical decision points and future timelines.

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| Click here to enter text. |

1. Complete the following by **describing, in detail, the anticipated actions/changes in each relevant area** resulting from the change in ownership/governance and the projected timelines for such changes. Include, as an appendix, the relevant documents (e.g. as excerpts from legislation, bylaws, inter-institutional agreements) that will govern the actions taken. Note if decisions in any of these areas still are pending.
2. Describe any changes in the governance of the medical school and its parent institution, including the composition of the governing board and the process for selecting trustees.

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| Click here to enter text. |

1. Describe any changes in the reporting relationship(s) of the dean of the medical school and in the process for the selection of the dean and the dean’s staff (i.e., associate and assistant deans).

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| Click here to enter text. |

1. Describe any changes related to institutional accreditation, including the need for a re-evaluation of the sponsoring institution’s accreditation status by the relevant regional (institutional) accreditor.

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| Click here to enter text. |

d. Describe any changes in faculty personnel policies, including promotion and tenure policies and in the decision-making bodies for faculty recruitment and advancement.

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| Click here to enter text. |

e. Describe any changes that would affect the accountability of the faculty to the medical education program.

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| Click here to enter text. |

f. Describe any anticipated effects of the ownership/governance change on the mission(s) of the medical school, including the processes used for institutional planning and budget development.

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| Click here to enter text. |

g. Describe any anticipated effects on the following resources available to support the medical education program and the other missions of the medical school:

1. Finances

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

ii. Clinical affiliations

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

iii. Educational facilities

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

iv. Faculty numbers

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| Click here to enter text. |

h. Describe any anticipated effects on the medical education program, including how the educational program is governed and managed.

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| Click here to enter text. |

i. Describe any anticipated effects on the resources and services for medical student support.

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| Click here to enter text. |

j. Describe how and when medical students and faculty have been/will be notified of the change.

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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. |