**New Parallel Curriculum (track)**

**Notification Form**

Please use this form to notify the Liaison Committee on Medical Education (LCME) of plans for the creation of a new parallel curriculum (track). See the guidance document, “Principles for Parallel Curricula (Tracks)” on the LCME website for background information ([lcme.org/publications/#White-Papers](http://lcme.org/publications/#White-Papers)).

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

**DEFINITION OF A PARALLEL CURRICULUM**

A “parallel curriculum” is a set of educational experiences and assessments for a subset of students that are based on specific objectives in addition to the medical education program objectives required of all students a part of the “core curriculum.”

**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.

|  |  |
| --- | --- |
| **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. List the unique objectives of the parallel curriculum.

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

2. In the box below, check (√) if students in the parallel curriculum will be expected to meet all of the educational program objectives and graduation requirements of the “core curriculum.” If not, please explain.

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

3. Summarize the structure of the proposed parallel curriculum, including the years of the curriculum and the location(s) where components of the parallel curriculum will be taught and assessed.   
Include a schematic of the parallel curriculum that illustrates where in the curriculum teaching and assessment of the unique educational program objectives will occur.

4. Complete the following table with the planned student enrollment in each of the first four years of the implementation of the parallel curriculum (NOTE, THIS TABLE ONLY APPLIES TO PARALLEL CURRICULUM ENROLLMENT):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.

5. Check if the parallel curriculum will be accompanied by a class size increase.

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

*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.*

6. Describe when, 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. |

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

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| Click here to enter text. |

8. Summarize any specific/additional resources that will be needed in the following areas. Include when those resources will be available:

1. Faculty numbers and composition

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

1. Educational space

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

1. IT infrastructure

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

1. Clinical sites and resources

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

1. Funding

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

9. Summarize when and how the aggregate student attainment of the unique educational program objectives of the parallel curriculum will be evaluated.

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| Click here to enter text. |

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

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| Click here to enter text. |