**Class Size Increase**

**Notification Form**

Please use this form to notify the Liaison Committee on Medical Education (LCME) of an enrollment increase. **This includes an increase in class size overall, an increase only at a regional campus, or the acceptance of transfer students that meet or exceed the following guidelines.**

This form should only be completed by schools if:

1. One or more class size increases will result in a cumulative increase in the size of the entering class at the main campus and/or in one or more existing regional campuses of 10% or 15 students, whichever is smaller, starting at the entering class size/campus yearly enrollment in place at the time of the medical school’s last full survey and/or
2. Accept a total of at least 10 transferring medical students into any year(s) of the curriculum.

***If the school plans to create a new regional campus or add years of the curriculum to an existing campus, please use the New or Expanded Campus Notification Form.***

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

Select which of the following apply to the class size increase:

The number of students in the entering class

The number of students in one or more years at a regional campus

The number of transfer students

**SUBMISSION INSTRUCTIONS**

Please email [lcmesubmissions@aamc.org](about:blank) 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 Notification 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.

Please 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. The available space will expand. Relevant documents may be attached, if needed.**

**OVERVIEW**

**Complete the table below if there is NO regional campus or if a portion of the expanded class will move into a regional campus after spending time at the central/administrative campus.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Number Admitted and Enrolled Students AT THE CENTRAL/ADMINISTRATIVE CAMPUS in the Academic Years Preceding and Following the Planned Overall Increase in Class Size** | | | | | | | |
|  | Preceding Year | Year Increase will go into Effect | First Subsequent Year | Next Subsequent Year | Next Subsequent Year | Next Subsequent Year | Next Subsequent Year |
| Academic Year |  |  |  |  |  |  |  |
| Number admitted in first year class |  |  |  |  |  |  |  |
| Number in second year class |  |  |  |  |  |  |  |
| Number in third year class |  |  |  |  |  |  |  |
| Number in fourth year class |  |  |  |  |  |  |  |
| Total enrollment |  |  |  |  |  |  |  |

**Complete the following table if the increase will occur at one or more regional campuses for some years of the curriculum.**

Provide a projection of the number of students who will be located at the regional campus. If instruction will not be offered in all curriculum years, leave the corresponding, enter “N/A” in those cells. Copy this table if there is more than one regional campus where student enrollment will increase.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number of students to be enrolled at the regional campus during each academic year (start with the first academic year in which student enrollment will increase)** | | | | |
| Curriculum Year | Academic Year | Academic Year | Academic Year | Academic Year |
| First Year |  |  |  |  |
| Second Year |  |  |  |  |
| Third Year |  |  |  |  |
| Fourth Year |  |  |  |  |

***Answer the remaining sections either for an overall increase in class size and/or an increase at one or more regional campuses.***

1. **Educational Facilities**
2. Using the table below and expanding the number of rows as necessary, describe the educational space used for required courses in the pre-clerkship curriculum*. [Only complete this item if the proposed increase in class size affects the pre-clerkship years]*.

|  |  |  |
| --- | --- | --- |
| Type of Room¹ | Seating Capacity | Main Educational Use(s)² |
|  |  |  |

1Includes lecture hall, multidisciplinary lab, conference room, small-group discussion room, etc. If several rooms of similar type and seating capacity are used, indicate the total number of such rooms in parentheses.  
2Includes lectures, small-group discussion, dissection, slide study, wet lab, simulations, clinical skills practice or testing, etc.

1. Note the changes made and describe the availability of academic space to accommodate the increased entering class size and increases in total enrollment/campus enrollment based on the class size increase.

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

1. Provide a brief narrative assessment of the adequacy of other physical facilities, including library resources, information technology or services, clinical skills learning and evaluation areas, and study space, which would accommodate the total number of students following the proposed increase in class size.

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

1. **Instructional Staff**
2. Using the table below, and expanding the number of rows as necessary, list each required course and clerkship that has or will increase instructional staff to accommodate the proposed increase in class size.

|  |  |  |
| --- | --- | --- |
| Course or Clerkship Title | Number of New Staff1 | Instructional Responsibilities of New Staff2 |
|  |  |  |

1Includes full-time, part-time, and community-based (volunteer) faculty, residents, graduate students, and others with teaching responsibilities.

2Includes lectures, small group precepting, lab or clinical supervision, etc.

1. For each required course or clerkship that is ***NOT*** increasing the number of instructional staff, provide a brief assessment of the adequacy of current faculty or other instructional staff to accommodate the proposed increase in class size.

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

1. Describe any changes to student-faculty ratios or group size for dissection, lab supervision, small-group discussions, etc., that would result from the proposed increase in class size.

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

1. Briefly describe any changes in the resources for the teaching and assessment of clinical skills and summarize the adequacy of resources that will exist when the increase has gone into effect.

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

1. **Clinical Facilities**
2. Using the table below, indicate if there are any ***new*** clinical teaching sites ***or changes to the disciplines offered at existing sites*** that would be used to accommodate the proposed increase in class size.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Used for Required Clerkships In | | | | | | | |
| Facility Name | Family  Medicine | Internal  Medicine | Neurology | Ob/Gyn | Pediatrics | Psychiatry | Surgery |
|  |  |  |  |  |  |  |  |

1. For each ***new*** or ***expanded***inpatient facility noted in the preceding table, provide the following information. Only provide information for services used for required clinical clerkships at each hospital:

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Name | Clerkship | Avg. Daily Inpatient Census | Average # of Students per Rotation (range) |
|  |  |  |  |

1. For ***existing*** clinical teaching sites, briefly describe any changes in the number of students per clinical rotation and the numbers of faculty members or residents that would be required to accommodate the proposed increase in students per rotation.

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

1. For each required clerkship, provide a brief assessment, based on review of patient logs or other relevant data, of the adequacy of patient volume and mix to accommodate the proposed increase in class size.

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

1. **Student Services**
2. Provide a brief narrative assessment of the capacity of each of the following student services to handle the proposed increase in entering class size/campus enrollment and corresponding increase in total enrollment, including any anticipated changes in where, how, and by whom the services are provided:

Financial aid

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

Student health

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

Mental health/personal counseling

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

Personal counseling

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

Tutorial assistance

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

Career advising

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

1. **Applicant Pool**
2. Complete the following table with data on the entering class in each of the preceding two years. *[This item applies to schools increasing the size of the entering class]*.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Two Years Prior | One Year Prior | Current Year |
| Applications1 |  |  |  |
| Interviews |  |  |  |
| Acceptances |  |  |  |
| Matriculants |  |  |  |

1Include only the number of admissions applications considered by the admissions committee.

1. Complete the following table with data on newly matriculating students in each of the past two years. *[This item applies to schools increasing the size of the entering class]*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Average | Two  Years Prior | One  Year Prior | Current  Year |
| Total GPA |  |  |  |
| **MCAT** | Chemical and Physical Foundations of Biological Systems |  |  |  |
| Biological and Biochemical Foundations of Living Systems |  |  |  |
| Critical Analysis and Reasoning Skills |  |  |  |
| Psychological, Social, and Biological Foundations of Behavior |  |  |  |

1. Describe whether the class size increase is likely to have an impact on the geographic scope of the applicant pool.

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

1. **Financial Support**
2. Summarize the funding that will be available to support the class size increase/campus enrollment increase, including any increase in revenue that will be provided by government sources, the parent university/sponsoring organization, or other sources.

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

1. Provide an assessment of the expected impact of the proposed increase on scholarship support, including any projected increases in institutional funding for need-based and merit-based scholarships, and the sources for such additional funding.

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

**ADDITIONAL Supporting Data**

Note any other relevant data that you think the LCME should take into consideration when evaluating the adequacy of resources to support the proposed increase in class size.

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