**Major Curricular Modification**

**Notification Form**

Please use this form to notify the Liaison Committee on Medical Education (LCME) of any major reorganization of one or more years of the medical education program or the program as a whole. No notification is required for changes such as revisions to individual courses or individual clerkships or the introduction of a new course.

If curricular modification is the introduction of a new parallel curriculum (track), please instead complete the New Parallel Curriculum (Track) Notification Form.

If you have questions or need advice on how to complete this 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.

|  |  |
| --- | --- |
| **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. Expand the available space, as needed.**

1. Summarize the structure of the proposed curriculum modification, including the expected goals and how they will be evaluated. As an attachment, include a curriculum schematic that illustrates the placement of courses/clerkships within the revised portion of the curriculum.

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| Click here to enter text. |

1. Summarize the methods of instruction and assessment and the expected learning outcomes for the revised curriculum.

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| Click here to enter text. |

1. Complete the following table with the planned student enrollment for each of the first four years the proposed curriculum will be in effect:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Curriculum Year | Academic Year\* | Academic Year\* | Academic Year\* | Academic Year\* |
| Year One |  |  |  |  |
| Year Two |  |  |  |  |
| Year Three |  |  |  |  |
| Year Four |  |  |  |  |

\*Add the AY 20##-## in which the proposed curriculum will take place.

1. Summarize any specific/additional resources that will be needed for the change, including faculty, IT, educational space, clinical resources, and funding. Summarize the availability of such resources to support the change.

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