

# Notification of Change in Patient Population

Non-substantive changes are those changes that require a program to notify ABPTRFE of the change but does not require prior approval. A program undergoing a change in patient population must notify ABPTRFE of this change, by completing and submitting the Notification of Change in Patient Population document through the Accreditation Management System, within 30 days of implementing the change.

A program is responsible for maintaining ongoing compliance with all published Quality Standards, policies, and procedures.

*Please note: The Notification of Change in Patient Population must be accessed and completed through ABPTRFE's Accreditation Management System. This paper format is provided to programs for reference purposes only.*

## Patient Population

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Please indicate whether this change in patient population is due to the addition of a new practice site, or the addition of a new setting within an existing practice site: Choose an item.

Provide the name of the new practice site(s): Insert name of sites.

Provide the name of the existing practice site(s) and the type of setting the program has added: Insert name of sites and type of settings.

## Description of Change

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Provide a detailed narrative of the rationale for this change.

Insert narrative.

Provide a narrative describing how this change supports the program's mission.

Insert narrative.

Describe how the program director plans to assure adequate infrastructure, management, and administrative capacity to implement the above changes.

Insert narrative.

Describe the program's financial capacity to support the implementation of this change.

Insert narrative.

## Quality Standards

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- 2.1.1 **Program Structure:** The didactic and clinical curriculum permits participants to gain experience with a diverse patient population and a range of complexity of patient populations as characterized by the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP).

1. Describe how the program provides opportunities for participants to gain experience with a diverse and complex patient population as characterized by the DRP or DFP.

Insert Response

2.3 **Program Delivery:** The program is conducted in settings or affiliated clinical sites where management and professional staff are committed to seeking excellence in education and patient care by demonstrating substantial compliance with professionally developed and nationally applied practice and operational standards while maintaining sufficient resources to achieve the mission, goals, and outcomes.

1. Describe how the program ensures that the curriculum and learning experiences are delivered consistently across all practice sites and identify who is responsible for this oversight.

Insert Response

**Practice Sites Chart**

Please complete the following chart for all new sites and new settings listed on page 1 of this notification.

Name of Site	Address	City	State	Zip	Distance from Main Program Address (miles)	Setting (Select all that apply)	Type of Training	Medical Conditions Chart (For New Sites, or New Setting in Existing Site)	Current Site Status
Insert name of site.	Insert name of site.	Insert name of site.	Insert name of site.	Insert name of site.	Insert name of site.	Choose an item.	Choose an item.	Upload chart.	Choose an item.

**Program Affirmations**

Accreditation is a voluntary, peer-review process. The program assumes the burden of proof in demonstrating compliance with ABPTRFE Quality Standards, processes, and procedures.

<input type="checkbox"/>	Voluntarily submits itself for review and decision by ABPTRFE;
<input type="checkbox"/>	Has reviewed the ABPTRFE Quality Standards, processes, and procedures;
<input type="checkbox"/>	Has an opportunity, as a part of the accreditation process, to demonstrate it meets all ABPTRFE Quality Standards and assumes the burden of proof to demonstrate this compliance;
<input type="checkbox"/>	Assumes the obligation to be honest, forthcoming, complete, and accurate in presenting information, answering prompts, and submitting information to ABPTRFE;
<input type="checkbox"/>	Voluntarily accepts responsibility to comply with ABPTRFE Quality Standards and fulfill all the obligations of an accredited program;

<input type="checkbox"/>	Agrees to remain in compliance with all requirements set forth in the ABPTRFE Quality Standards, processes, and procedures; and
<input type="checkbox"/>	Agrees to cooperate with ABPTRFE in all aspects of the accreditation process and the program acknowledges that accreditation information may be shared with other accrediting organizations and government entities in accordance with ABPTRFE processes and procedures and applicable federal and state laws and regulations.

**Certification**

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I certify that all of the information contained in this Notification of Change in Patient Population is true and correct.

**Last Updated:** 12/12/2023  
**Contact:** [resfel@apta.org](mailto:resfel@apta.org)

SAMPLE. MUST BE COMPLETED WITHIN THE AMS.